



Mechanicsburg Soccer Club ~ PO Box 1332 ~ Mechanicsburg, PA 17055
(717) 802-0652 ~ www.mechsoccer.com

2008/2009 SOCCER PLAYER REGISTRATION FORM (please print neatly)

Fees: Age groups U6-U8 = \$75. League players U9 and higher = \$90

Make checks payable to Mechanicsburg Soccer Club and mail to the address shown above.

Player First Name: _____	Player Last Name: _____
Birth Date: _____/_____/_____	Age Group: U-_____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent(s) name(s): _____	
Address, City, State, Zip: _____	
Home Phone: _____	Cell Phone: _____
*Email: _____	
Medical Conditions, Allergies, etc.: _____	
Emergency Contact Name & Phone: _____	
Special Requests, Comments: _____	

*it is very important that you provide an email address since this is how most communications are made regarding the soccer club and between teams.

Uniform Shirt: Youth small Youth medium Youth large S M L XL

Uniform Short: Youth small Youth medium Youth large S M L XL

Parents: we are an all volunteer organization and need your help. Please check a box and print your first name if you can serve in any of the following capacities:

- Head Coach _____
- Assistant Coach _____
- Team Parent _____

Note: All parents will be expected to volunteer time helping with the concession stand.

I, the parent/guardian of the registrant, a minor, or adult registrant of legal age, agree that I and the registrant will abide by the rules of the EPYSA and/or the Mechanicsburg Soccer Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the EPYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and or otherwise indemnify the EPYSA and/or the Mechanicsburg Soccer Club, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs, and or being transported to or from the same, which transportation I hereby authorize. I hereby give consent for emergency medical care prescribed by a duly licensed physician or dentist. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of the registrant.

Parent/Guardian Signature: _____

Date: _____