

Middleton Soccer Club Registration Form

Fall 2010 and Spring 2011

Mail Registration Form with Payment to: Middleton Soccer, P.O. Box 832, Middleton, ID 83644

Please Print:

Player's Name		Phone #	Cell Phone #	Birthdate
Address			City	Zip
Email Address (Very important if you wish to receive notifications of schedules, practice/team info and other important soccer updates!)				
<input type="checkbox"/> Male <input type="checkbox"/> Female		School	(As of 8/1/10)	
			Grade	Age

Check only ONE Level:

U6 (Birth Dates between 8/1/2004 – 8/31/2005)
 U8 (Birth Dates between 8/1/2002 – 7/31/2004)
 U10 (Birth Dates between 8/1/2000 – 7/31/2002)

Registration Fees \$45 _____
 Reversible Jersey \$20 _____
 (If needed)
 Late Fee \$10 _____
 After July 1st (Fall) / Feb 1st (Spring)

Donation – Thank You _____
 Parent Head Coach **FREE**

Total Fees and Donations

(Copy of Birth Certificate required for these levels)

U11 (Birth Dates between 8/1/1999 – 7/31/2000)
 U12 (Birth Dates between 8/1/1998 – 7/31/1999)
 U13 (Birth Dates between 8/1/1997 – 7/31/1998)
 U14 (Birth Dates between 8/1/1996 – 7/31/1997)
 U16 (Birth Dates between 8/1/1994 – 7/31/1996)
 U18 (Birth Dates between 8/1/1992 – 7/31/1994)
 (U16 and up play Spring Season Only!)

Registration Fees \$65 _____
 Late Fee \$10 _____
 After July 1st (Fall) / Feb 1st (Spring)

Donation – Thank You _____
 Parent Head Coach **FREE**

Total Fees and Donations

*Family Maximum is \$200 (registration fees only).

*Refunds requested in writing before assigned team's first practice will be refunded less a \$15 administrative fee. There will be no refunds after the first practice.

U16 + PLAYERS THAT DO NOT RETURN THEIR UNIFORM, WILL BE CHARGED A \$50 REPLACEMENT FEE.

JOB PREFERENCE – All Parents are REQUIRED to select at least one job they will help with during the season. Training is provided!

Coach Asst Coach Festival Volunteer Field Prep Concessions Basket Coordinator (Fall Season) Fund Raising

Name(s) _____

Special Requests (Note: These requests are not guaranteed. We will try to accommodate requests within our program controls.):

Medical Information and Release

Mother (or Guardian) _____ Phone _____
 Father (or Guardian) _____ Phone _____
 Emergency Contact (Other than listed above) _____ Phone _____

Medical Problems _____
 I, the undersigned, hereby authorize directors, coaches, and referees of the Middleton Soccer Club to act for me according to their best judgement in any emergency requiring medical attention. I hereby waive and release the Middleton Soccer Club, its officers, coaches, referees, and field owners from any claims, medical or otherwise, on behalf of the registrant as a result of the registrant's participation in the program. I know of no physical or mental problems which might affect my child's ability to safely participate. I will be responsible for any medical charges in connection with his/her participation. I understand that insurance provided by the club is for liability only and can only be accessed after participant's own coverage has been used.

By my signature below, I also agree to adhere to the **MSC Parents Code of Conduct** (available for review at time of registration and also available on the Club's website).

Parent / Guardian Signature _____ Date _____

CLUB USE ONLY

Date Received _____ Cash \$ _____ or Check # _____
 Parents Code Signed Picture # _____ Jersey Rec'd Needs Jersey Size _____
 Birth Certificate Rec'd N/A Other _____ Total Amt Received \$ _____

Questions? Email REGISTRAR@middletonsoccer.org