

Mississippi Futbol Club Fall 2017 Registration Form



The registration fee is \$95 or \$180 for fall and spring. Walkup registration dates/times/locations are posted on our website. The deadline to register is Saturday, July 8, 2017. ALL forms received POSTMARKED after July 8, 2017 will be placed on a waiting list and MUST include a \$30 late fee. Mailing Address: SMCSO, PO Box 767, Madison, MS 39130
Web: www.mfcsoccer.com Email: smcso@bellsouth.net

Player Information:

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip Code: _____ Home Phone #: _____

Male: _____ Female: _____ Birthdate: _____

(Players must have been born by 2013 in order to participate – this does apply to the Spring season also)

NEW PLAYERS Please bring copy of birth certificate to registration or mail copy with registration form.

Parents Information:

Dad's Last Name: _____ First Name: _____ Cell: _____

Mom's Last Name: _____ First Name: _____ Cell: _____

Email Addresses 1. _____ 2. _____

- Would you like to coach or assist? ____ Yes ____ No Requested Asst. Coach _____
 - NOTE: We have free coaching sessions to help you with coaching your team

- I would like to volunteer. Yes ____ No ____
Volunteer Services Needed: Field Marshals, Committee Work, Board Positions, and Registration Assistance

Referees needed!!! Interested? Yes ____ (You must be at least 13 years of age)

Please check here if you are interested in sponsoring a team this year. Cost is \$350 _____

Uniform Sizes: Jersey Size: XS YS YM YL AS AM AL AXL

Shorts Size: XS YS YM YL AS AM AL AXL

Socks Size: Child Junior Youth Adult

PLEASE BRING YOUR CHILD TO REGISTRATION TO HAVE HIM/HER SIZED FOR THEIR UNIFORM. ALSO IF YOU REGISTER LATE YOUR UNIFORM WILL BE LATE!!!

Incorrect sizes could result in delays and extra uniform charges

_____ Check if you are in need of financial assistance with the registration fee.

*******THE FOLLOWING MUST BE READ AND SIGNED FOR REGISTRATION TO BE VALID*******

I/We the parent(s) or legal guardian(s) of the above-named candidate for a position on a soccer team hereby represent that such child is in good health and can participate in competitive soccer. I/We do further give my/our permission for such child to receive emergency medical and surgical treatment procedures of any kind and nature, which may be deemed advisable by a physician who may attend or treat such child at or during all soccer related activities, including going to or coming from soccer practice, activities, or games. I/We do hereby absolutely assume all risks and hazards incidental to such participation and release, absolve, and fully forgive and further agree to indemnify and hold harmless the City of Madison, The City of Ridgeland and the Mississippi Futbol Club (MFC) and all persons and entities associated with the City of Madison, the City of Ridgeland, and MFC including persons transporting my/our child to and from activities, from any and every claim, demand, action, or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any injury known or unknown or death to my/our child or property damage whether the result of negligence or any other cause. This Agreement is given in consideration for my/our child being allowed to participate in the aforesaid activities. Registration with MFC is a binding agreement that the player has an obligation to complete their requirements as a registered member of MFC.

Please remember to inform your coach of any special needs your child may have!

Parent's Signature _____ Date _____