

Mississippi Futbol Club Spring 2020 Registration Form



Registration Fee: \$125 (Deadline to register is December 14) Late Fees of \$30 Apply after Dec 14th

Player Information

Last Name _____ First Name _____

Address _____ City _____ Zip _____ Home Phone # _____

Male _____ Female _____ Birthdate ____/____/____

(Players must have been born by 2016 in order to participate – applies to the Spring season also)

IMPORTANT NOTE: *New players must bring a copy of their birth certificate to registration or mail a copy with registration form.*

Parent Information

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

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

Email Addresses (Dad) _____ (Mom) _____

_____ I would like to request financial assistance with the registration fee.

I would like to participate as follows: (please check all that apply)

_____ **Coach or assist** | If Coach, requested Asst. Coach: _____
(We offer free coaching sessions to help you with coaching your team)

_____ **Volunteer** (Field Marshals, Committee Work, Board Positions, and Registration Assistance)

_____ **Referee** (must be at least 13 years of age)

_____ **Sponsor a team – Cost is \$350**

Uniforms (RETURNING PLAYERS FROM FALL KEEP THE SAME UNIFORM)

Players can visit J.S. Iupe's, 101 D Village Blvd. Madison for sizing. Incorrect sizing could result in delays and extra uniform charges. Late registration will cause uniforms to be delivered late.

Uniform Sizes
(Please circle the appropriate size for your child)

Jersey:	XS	YS	YM	YL	AS	AM	AL	AXL
Shorts:	XS	YS	YM	YL	AS	AM	AL	AXL
Socks:	Child (Size 7-14) Small Medium Large							

****THE FOLLOWING MUST BE READ AND THIS FORM MUST BE 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 Signature _____ Date _____

**Mailing Address: MFC | PO Box 767 | Madison, MS 39130 | mfcsooccer.com
email: mfcsec@mississippirush.com**