

Middle Country Children's Soccer

P.O. 52, Centereach, NY 11720 ~ (631)285-7777 ~ www.mccsoccer.org



Player Registration Form

PLAYER INFORMATION: Please PRINT clearly!

Last Name:		First Name:	
Street Address:		Town:	State: Zip
Date of birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Home Phone:	
Has registrant played soccer before? Yes <input type="checkbox"/> No <input type="checkbox"/>		If "yes", is registrant a returning MCCS player? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Is registrant a goalkeeper? Yes <input type="checkbox"/> No <input type="checkbox"/>	

PARENT / GUARDIAN INFORMATION

Father/Guardian Full Name:		Mother/Guardian Full Name:	
Home Phone:	Cell Phone:	Other Phone:	
Primary Email Address (mandatory):		Secondary Email Address:	
Does registrant have any medical issues, special needs or carpool requests? Yes <input type="checkbox"/> No <input type="checkbox"/>		If "yes", please explain:	

VOLUNTEER SUPPORT

Middle Country Children's Soccer (MCCS) is run completely by volunteers. Without your help, the children in your soccer program suffer. Please consider supporting your child's soccer league by volunteering for one (or more) of the following volunteer positions: Name of person volunteering: _____ <input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Parent <input type="checkbox"/> Field Maintenance <input type="checkbox"/> Board Member <input type="checkbox"/> Sponsor	
Please list experience you may have to carry out any of the above: (Current coaches/assistant coaches MUST list whom they wish to coach with):	

As the parent or legal guardian of the above registrant, I hereby give full consent for my child to participate in Middle Country Children's Soccer's programs. I understand there are risks of injury in the practice and play of soccer. I am willing to accept these risks on my child's behalf as a condition of my child's participation in MCCS's soccer program. I hereby declare that my child has no physical or mental disabilities that would restrict full participation in soccer, except as listed above, and that he/she is capable of full participation. I understand the coaches are volunteer parents and they are not trained to handle children with special medical or emotional needs. I do hereby waive, release and hold harmless Middle Country Children's Soccer, its officers, coaches, sponsors, and representatives for any injury that may be suffered by my child in the course of participation in soccer and the activities incidental thereto, whether the result of negligence or any other cause.

I have read and agree to the above waiver. I have also read the Code of Conduct on the reverse of my copy of this Player Registration form. I realize that my failure to comply with MCCS's rules will result in my child being ineligible to participate in this program. I understand non-compliance on my part, or the non-compliance of any spectators I may bring as guests, forfeits all privileges of participation and all fees.

I also recognize that:

1. Proof of Age (copy of Birth Certificate) is **required** for first time registrants.
2. MCCS **does not** entertain any **special requests** for team assignments.
3. Carpools requests are closely scrutinized and are **not guaranteed**.
4. There are **no refunds** once season starts.
5. There is **no switching** of teams for any reason.
6. Uniforms are **not included** in registration fee.

Parent/Guardian Signature

Date

FOR LEAGUE USE ONLY

Registration Fee \$ _____	Received By _____
Discount \$ _____	Date _____
Total Received \$ _____	Cash <input type="checkbox"/> yes <input type="checkbox"/> no
Total Received \$ _____	Check # _____
Name on Check _____	
Birth Certificate <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> returning player	
Division _____ Birth Year _____	