

MARLBORO SOCCER ACADEMY
REGISTRATION FORM



PLAYER'S INFORMATION

Player's Name: _____ Birth Date: _____ Gender: Female Male

Street Address: _____ City: _____

State: _____ Zip : _____ Email Address: _____

Last Season Coach: _____ School: _____
Grade in school: _____

Mother's Name: _____ Home Phone: () _____ Bus Phone: () _____

Email Address: _____ Cell Phone: () _____ Receive texts? Yes No

Father's Name: _____ Home Phone: () _____ Bus Phone: () _____

Email Address: _____ Cell Phone: () _____ Receive texts? Yes No

Player Registration Fees –

- \$675 Players fee Spring 2012 Financial Need based Scholarship Requested (see team manager for details or check Future Soccer Club website).
 \$675 Players fee Fall 2012

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Phone 1: () _____ Phone 2: () _____

Name: _____ Phone 1: () _____ Phone 2: () _____

Please list Allergies the player has: _____

Please list other medical conditions: _____

Physician _____ Phone 1 () _____ Phone 2 () _____

Medical/Hospital Insurance Company _____ Phone () _____

Policy Holder's Name _____ Policy Number _____

MEDICAL TREATMENT AUTHORIZATION, LIABILITY WAIVER, PERMISSION TO PLAY

I, the parent or guardian of the minor registrant, agree that the registrant and I will abide by all the Rules of Marlboro Soccer Academy (MSA) and Future Soccer Club (FCS). I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify Marlboro Soccer Academy and Future Soccer Club, their sponsors, the NCSL, BBSL, OBSL and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in Marlboro Soccer Academy Programs activities and/or being transported to or from the same which transportation I hereby authorize.

Signature _____ **Date** _____ Relationship to player: Father Mother Guardian