

# Montgomery County Soccer Association (MCSA)

## Recreational League Registration Form

**(Copy of Birth Certificate Required For All Players)**

### Player Information

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M or F (Circle One)

E-mail: \_\_\_\_\_

Where does the player attend school, or what school is your child zoned for?  
\_\_\_\_\_

Last played for coach \_\_\_\_\_ (Coach's name)

**If possible**, do you want to play for this coach again? Y or N

**IF POSSIBLE**, I'd like to practice in \_\_\_\_\_ area.

Medical Considerations (if any): \_\_\_\_\_

### Parent or Legal Guardian Information

Parent/Guardian Name(s): \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

### Consent and Release

I certify that to the best of my knowledge that I, or my child, is in good health and is capable of participating in the Montgomery County Soccer Association (MCSA) Recreational Soccer League. I, as the parent or guardian of the player listed on this form, hereby for myself, my heirs, executors, and assigns do waive and release any and all claims and rights for damages, liability, actions, and causes of actions whatsoever, arising out of or related to any loss, damages, or injury, including death, that may be sustained while participating in the MCSA Recreational League. I agree to indemnify and hold harmless MCSA and its officers and Board of Directors, referees, coaches, and all other volunteers from any and all legal action arising from my, or my, child's participation in the recreational soccer league. I, the undersigned, am dully aware of the risks and hazards inherent upon participating in said events. I hereby certify that I have read and understand this consent and release form.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or legal guardian)

### MCSA NEEDS YOUR HELP, PLEASE CHECK ONE:

COACH \_\_\_\_\_ ASST. COACH \_\_\_\_\_

MCSA use only: Birth Certificate:  Payment:  Age Group: \_\_\_\_\_

Jersey Purchased: YM:  YL:  AM:  AL:  AXL:  Total # \_\_\_\_\_

**These materials are neither sponsored nor endorsed by the  
Clarksville-Montgomery County School System.**