

Meade County Youth Soccer

P.O. Box 414
 Brandenburg, KY 40108
 270 - 422-KICK (5425)



Spring 2012 Registration

<http://meadecountysoccer.com>

PLAYER INFORMATION

Gender: Male _____ Female _____

Last Name		First Name	M.I.
Home Address			
City		State	Zip
Phone		Birthdate (mm/dd/yy)	
Email			

Recreational League Age Level (Please circle one)

Under 4	(August 1, 2007 – July 31, 2009)	\$30
Under 6	(August 1, 2005 – July 31, 2007)	\$40
Under 8	(August 1, 2003 – July 31, 2005)	\$40
Under 10	(August 1, 2001 – July 31, 2003)	\$50
Under 12	(August 1, 1999 – July 31, 2001)	\$50
Under 14	(August 1, 1997 – July 31, 1999)	\$50
Under 16	(August 1, 1995 – July 31, 1997)	\$50

Last team played on _____ Coach _____

Do you want your child to go into the **Open Draw**? Y___ N___

Select Team Registration

PARENT / GUARDIAN INFORMATION

Father's Last Name	First Name	Address (if different)	Home Phone	Cell Phone	Work Phone
Mother's Last Name	First Name	Address (if different)	Home Phone	Cell Phone	Work Phone

Parental Support: MCYSA is managed and operated by volunteers. We ask for active participation from all parents. Please indicate the areas in which you can help.

COACH
 ASST. COACH
 TEAM PARENT
 AWARDS CEREMONY
 FIELD PREP.
 BOARD MEMBER
 CLUB REFEREE
 CONCESSIONS
 DONATIONS
 OTHER

The registrant and I will abide by the rules and Parent and Player Code of Conduct of Meade County Youth Soccer (MCYSA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for MCYSA accepting the registrant for its soccer programs and activities (the Programs) I hereby release, discharge and/or otherwise indemnify MCYSA, its affiliated organizations and sponsors, their employees, volunteers and associated personnel, including the owners (City of Brandenburg, Meade County, First Federal Savings Bank) of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and, or being transported to or from the same, which transportation I do hereby authorize. Permission is hereby granted to use of the player's name and /or images for printed or other media to promote youth soccer in Meade County. I as PARENT/LEGAL GUARDIAN request that in my absence the above named player be admitted to any hospital or medical facility for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry or other such licensed technicians or nurses. Care may be given under any conditions necessary to preserve life, limb or well being of my dependent.

Emergency Contact (other than parent): _____ Telephone: _____

Medical Conditions or other restrictions: _____

Parent Signature: _____ Date: _____

ALL FEES MUST BE PAID IN FULL AT REGISTRATION

MCYSA Official Use Only

Received on _____ by _____ check# _____ or cash _____

Notes: _____

Early registration is \$5 off and must be post marked on or before January 28th, 2011. Register online at www.meadecountysoccer.com
 Food court – 28 Jan. 10 am-2 pm; 7 Feb. 6-8 pm; 18 Feb. 10 am-2 pm

<i>MCYSA Registrar Use Only</i>	
DOB Verified	Y N
BC on file	Y N
Age Level	4 6 8 10 12 14 16 19
Player Fee	\$ _____
Early Bird Disc.:	- \$ _____
Family Discount:	- \$ _____ (\$10.00 per additional player)
Total Money Due	\$ _____