

Monongalia Youth Soccer Association (MYSA) Membership Form for **FALL 2010**

Affiliated with the West Virginia Soccer Association, US Youth Soccer

If possible, please register online at www.monosoccer.org

***MUST match Birth Certificate** Legal First Name: _____

***MUST match Birth Certificate** Legal Last Name: _____

*Gender: _____

***MUST match Birth Certificate** Birth Date(mm/dd/yyyy): / /

*Home Phone: _____

*Street Address: _____

*City: _____

*State: _____

*Zip Code: _____

*County: _____

If the player is from Maryland, please enter the MD Player ID: _____

***Is the player a US Citizen(Yes or No):** _____

***School Attending in Fall 2010:** _____

Fall 2010 Grade: _____

***Are you a new or returning player:** _____

***Number of prior seasons played:** _____

***Field Preference(No Preference/Cheat Lake/Laurel Point):** _____

Soccer Buddy (Last, First - must select each other): _____

II. FAMILY INFORMATION:

Parent/Guardian #1

*First Name: _____

*Last Name: _____

Occupation: _____

*Home Phone: _____

Work Phone: ext. _____

Cell Phone: _____

*Relationship (Father, Mother, Guardian, etc): _____

We ask for active participation of all parents in our program. Please Circle your selection. Check area(s) in which you would be willing to help. If you have chosen Coach, Asst. Coach and/or Team Manager, you must register at WVSA Risk Management Form. Please see the link on our website or on the Confirmation page at the end of this application.

Coach, Asst Coach, Team Manager, Team Parent, Special Projects, Field Preparation, Board Member, Publicity, Referee, Fundraising, Clerical, Reporter, Newsletter, Concessions, Donor, Sponsor.

Parent/Guardian #2

First Name: _____

Last Name: _____

Occupation: _____

Home Phone: _____

Work Phone: ext. _____

Cell Phone: _____

Relationship(Father, Mother,Guardian, etc): _____

We ask for active participation of all parents in our program. Please Circle your selection. Check area(s) in which you would be willing to help. If you have chosen Coach, Asst. Coach and/or Team Manager, you must register at WVSA Risk Management Form. Please see the link on our website or on the Confirmation page at the end of this application.

Coach, Asst Coach, Team Manager, Team Parent, Special Projects, Field Preparation, Board Member, Publicity, Referee, Fundraising, Clerical, Reporter, Newsletter, Concessions, Donor, Sponsor.

III. EMERGENCY INFORMATION:

*Person to notify in emergency: _____

*Contact Phone Number: _____

Doctor to notify in emergency: _____

Doctor's phone number: _____

List any medical problems/conditions or type in NA: _____

If your child has a specific medical condition, please add special instructions here: _____

Medical Insurance Company: _____

Policy #: _____

IV. COMMUNICATION INFORMATION:

Provide an email address of an adult or responsible older child who will check for messages regularly during the season. The size of our organization prevents us from relying exclusively on phone or mail for necessary communications. If no E-mail Address, please circle - No E-mail Address.

*Email: _____

V. SPECIAL REQUESTS:

Please note that WVSA member organizations may not honor special requests due to the size of the organization, field allocations, or in accordance with their bylaws. Please refer to your organization's policies for clarification. If you have a special request that involves other children in your family, please enter their names as part of the request noted here.

Special request or parent comments: _____

Sibling #1: Name Age _____

Sibling #2: Name Age _____

Sibling #3: Name Age _____

VI. DONATIONS:

MONONGALIA YOUTH SOCCER is a nonprofit organization. Please check the following box if you wish to make a donation toward equipment, facility improvements or other club improvements. This amount will be added to your total amount due and at the end of online registration you will receive a receipt on your certificate of registration. Contributions to MONONGALIA YOUTH SOCCER, a tax exempt organization under Section 501C(3) of the Internal Revenue Code, are deductible for tax income purposes.

\$5.00 \$10.00 \$25.00 \$50.00 \$100.00

Other:

I do not wish to contribute at this time. Consent for Medical Treatment (Minor) As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb, or the well being of my dependent.

Parent or Guardian Signature _____ Date _____

Consent and Waiver

All team assignments are final. My child's practice times may be on any night of the week and cannot be changed, once assigned. They may also be on any field, although MYSA will do its best to accommodate field preferences. My child may be placed on any team in his or her appropriate age group, and I cannot select the coach or teammates. No abuse or criticism of MYSA referees, players, coaches or parents is allowed. No alcohol or tobacco products are allowed on any MYSA fields. I understand there are no refunds.

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of MYSA and the WVSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for MYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify MYSA, the West Virginia Soccer Association, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize.

Signature _____ Date _____

Instructions

Regular Registration ends at midnight on 17, July 2010. All forms MUST be *received* by that date! MYSA is not responsible for forms delayed or lost, either in the mail or anywhere else. Fees: U6, U8 \$60 per player U10, U12, U14, U16 \$60 per player Discounts \$ 5 off each additional player registered in the same household. Registrations must be RECEIVED by the deadline (17, July 2010); yes, you can drop it off at my house. Questions? You can reach the MYSA Registrar at registrar@monsoccer.org

Send check for payment and one form for each child to:

Noel Peries, MYSA Registrar

1433 Dogwood Avenue

Morgantown, WV 26505

Soccer Age Brackets and Divisions:

Reminders

U6 is coed, all other groups will have Girls and Boys divisions. If we do not have enough U14 or U16 players to field a girls and a boys team, we may combine the teams into a coed squad. Playing Up: Children may be placed in an older division (i.e. "play up"), if they are within one year of normal registration for that division. We do not generally encourage the practice of playing up. Parents should only consider this if their child is physically and emotionally ready to play at the higher level. "PLAYING UP" must be entered in the comment section of the form. Female players are allowed to register for the Boys division of their age group, if they wish. However, boys may not register for a Girls division. If you want to register your daughter in a Boys division, please note that you meant to do this, in the Comments section. MYSA U6 Academy: The U6 division will have two Academy sessions per week, on Saturdays and Mondays. The goal is to introduce the players to the game of soccer, teach them the fundamental age appropriate skills, and most importantly, to have fun. In each session, players will train for approximately half of the session, and then play 3 vs 3 pickup games for the other half. Coaches will work together to train all of the players. We strongly encourage parents interested in coaching to volunteer to help. Training for the volunteer coaches will be available in August.