

DUE December 18, 2009, by 3:30 p.m.

Mary Our Queen Soccer Club
Spring 2010 Registration
Open to All Registered Parishioners

Player's Name: _____ SSN: XXX-XX-_____ (need last 4 digits)

Address: _____ Zip Code: _____

Phone: _____ Date of Birth: _____ Age (on 08/01/09): _____

Father's Name _____ Mother's Name _____

All of the italicized information must be provided for your registration to be complete. Incomplete registrations will be returned and not processed until completed in entirety.

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

e-mail: _____ e-mail: _____

Age Group (Circle): Micro U7 U8 U9 U10 U12 U14 Gender (Circle): Boy Girl Grade (Fall 09) _____

School [] Mary Our Queen [] Prairie Lane [] Oak Valley [] Beveridge [] Other _____

Please use the following matrix to determine the player's age group (based on the player's birth date and age Aug 1, 2009).

Table with 6 columns: Grade, Level, Earliest Birth date, AUG thru DEC, JAN thru JUL, Latest Birth date. Rows include grades 8 through 1, and Pre-K and K (Micro).

Micro is for players between 4 1/2 and 6 years of age and not yet in first grade. Note that the CYSL has decided to have a finer division of players in the traditional U8 and U10 divisions. We will attempt to keep our teams within these divisions.

Please list any medical conditions of which your child's coach and the MOQ Soccer Club should be aware.

Consent

I, the parent / guardian of the registrant, a minor, agree that the registrant and I will abide by rules of USYSA, its affiliated organizations and sponsors. I hereby give my consent to the use of the registrant's social security number for registration purposes. In addition, recognizing the possibility of physical injury associated with soccer, I hereby, release, discharge, and/or otherwise indemnify the USYSA, 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 as a result of the registrant's participation in the programs and/or being transported to and from the same which transportation I authorize.

As the Parent or Legal Guardian of the above Mary Our Queen Soccer Player, I hereby give my 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 are medically necessary.

Signature of Parent/Guardian: _____ Date: _____

FOR CLUB USE Registration Fee \$ _____ Check # _____ Cash _____ Received by: _____ Date Received _____

Please consider signing up to coach or be an assistant. Due to small sided games, NSSA's KidSafe program, and the Safe Environment Policies and Procedures of the Archdiocese, we cannot have too many parents involved in this program. We wish to extend a sincere THANK YOU to all parents who have assisted the soccer program in the past.

DUE December 18, 2009, by 3:30 p.m.
MOQ SOCCER CLUB – Spring 2010 Registration

PARENTS OF MOQ SOCCER PLAYERS:

It is time to register for the MOQ Soccer Club Spring 2010 Season. Completed forms **and appropriate fees must** be turned into the Main Office at MOQ School, MOQ CCD Office, or mailed to Denise Goddard, 3406 S. 122nd Street, Omaha NE 68144 by 3:30 p.m. on December 18, 2009. A new form must be completed each season to be included on a team roster. Registrations will not be held after any of the masses. Please make checks payable to **MOQ Soccer Club**. Incomplete registrations and those without fees will be returned as incomplete.

IF YOUR CHILD WANTS TO PLAY, PLEASE SIGN UP IMMEDIATELY; LATE REGISTRATIONS WILL ONLY BE PROCESSED AS SPACE PERMITS. PLEASE CONTACT THE COMMISSIONER.

FEE SCHEDULE for SPRING 2010 SEASON:	U7 THROUGH U14	\$45.00
	Micro	\$25.00

➤ Will MOQ be your child's PRIMARY or SECONDARY soccer team? (please circle one)

If secondary, what is the name of the primary team or club? _____
See NOTE 6 below.

With questions, please call:

Jim Herout (Girl's Commissioner)	965-8972	Steve Johaneck (Boy's Commissioner)	399-0913
Kevin Cassidy (Micro Commissioner)	390-9595	Tim Burns (Club President)	330-9472

I am interested in assisting the MOQ Soccer Club in the following ways:

Head Coach _____ Assistant Coach _____ Micro Coach _____ Member of the Soccer Committee _____
(Note that the Archdiocese and parish require Coaches to have completed the Safe Environment training; the NSSA requires coaches to be registered with the KidSafe program before the team can be registered or approved.)

Volunteer's Name: _____ Phone: _____

Registered with KidSafe (Yes or No) _____ Safe Environment training completed (Yes or No) _____

NOTES:

- 1) As the parent of a MOQ Soccer player, you should understand that the MOQ Soccer Program is **Recreational** and the teams will be randomly selected. You are expected to do your best to support the coach and team on which your child is placed. (Siblings will be placed on the same team if appropriate to age and gender restrictions unless you request otherwise. If you volunteer to coach, your child will be on your team.)
- 2) A timely registration does not guarantee your child will be placed on a team. If there are not sufficient coaches, the first registered players will be randomly placed on teams and the additional players will be notified and placed on a waiting list. Although the Club normally attempts to keep the teams together from season to season, this may not be possible depending on the number of players who wish to participate in any given CYSL age bracket. You may elect to have your child "play up" a level to participate with their classmates.
- 3) Please include the last four digits of your child's social security number. Without this number the player cannot be registered. Even if the child has played before, it is important to resubmit this information to the Registrar.
- 4) If, after registrations have been processed by the Club, you decide not to participate there will be a minimum drop fee of \$15.
- 5) Note that the registration fee for the child of the head coach (U7 – U14) will be returned after teams are created.
- 6) **PARENT'S OF SECONDARY PLAYERS -- PLEASE NOTE:**
If your child is going to be playing secondary for MOQ, it is necessary to also provide a properly completed secondary form from the player's primary team each year. This is your responsibility. Bear in mind the player will not be able to participate in any games until the form is received **and** the state approves the issuance of a secondary player pass to MOQ Soccer Club for your child. **ALSO NOTE:** Due to costs imposed by the state association, there will be a \$15.00 charge if the club is required to change a player's status from Primary to Secondary after the registrations are submitted. If the registration form improperly lists your child as playing primary and is later determined to be a secondary player, this may affect whether they can be placed on a team.