

DUE December 15, 2010, by 3:30 p.m.

Mary Our Queen Soccer Club
Spring 2011 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 08/01/10): \_\_\_\_\_

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 10) \_\_\_\_\_

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, 2010).

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. We attempt to keep our teams as consistent as possible within these divisions for the benefit of the players and coaches. No guarantees of player placement can be made other than compliance with the maximum age restrictions listed above.

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.

