

**MOSCOW PARKS & RECREATION
MOSCOW UNITED SOCCER CLUB
2012 SPRING YOUTH SOCCER REGISTRATION FORM**

Registration accepted up to March 16, 2012

Activities Begin the Week of April 9

Rostering depends upon coaching availability. If you are a coach, we will guarantee your children will be rostered!

Please return this completed form to Moscow Parks & Recreation, in the Eggan Youth Center, 1515 East D Street, or the Hamilton Indoor Recreation Center, 1724 East F Street, or mail to P.O. Box 9203, Moscow, ID 83843. We cannot accept registration without the fee and completed registration form.

Pick up shirt purchases at the Parks & Recreation Office.

PLEASE PRINT CLEARLY:

Name _____ [] Male [] Female

Address _____ E-mail _____

**** E-mail will be the primary means of communicating important information regarding teams, meetings, schedules, etc. If you are unable to check e-mail regularly, **please check here** _____ so we can call you instead.**

Home Phone _____ Work/Emergency Phone _____

Grade _____ Birth Date _____ Age (as of September 1, 2011) _____ Years experience _____

Child must be age 4 or older by 9/1/11 in order to play.

FEES: CITY RESIDENT:

U5 – U7 \$34.50 Resident

U8 – U-12 \$40.00 Resident

(Please add \$15.00 + tax if you need a mandatory reversible Shirt)

NON-RESIDENT:

\$35.50 Non-Resident

\$41.00 Non-Resident

OFFICE USE ONLY

Chk/Cash _____

Visa/MasterCard _____

Date _____

Amount _____

INTERESTED IN VOLUNTEERING AS A HEAD OR ASSISTANT COACH?

[] Head Coach [] Assistant Coach

(Note: age group combinations are tentative and will depend on the number of registered players in each age group. Also, U-10 and under teams will tentatively be co-ed.)

*****If yes, please be sure to complete a Coach's Application*****

INTERESTED in volunteering as a member of the Moscow United Micro Soccer Committee [] Yes [] No

WAIVER, AND CONSENT FOR TREATMENT OF MINOR CHILD

In consideration of your accepting this registration, I waive and release any and all rights and claims for damages I may have against the City of Moscow and Moscow United Soccer Association, its representatives or assignees for any and all injuries suffered by me/my child while participating in this activity. As a parent/legal guardian of the above-named minor, I also give my consent for any emergency medical treatment from medical personnel as approved by a member of the Parks & Recreation or Moscow United Soccer Association staff, in case of my child's injury or illness while participating in this Program. I understand that if possible, I will be immediately notified of any emergency, but this consent is to prevent undue delay and assure prompt attention. I agree to accept responsibility for any medical expenses resulting from such emergency. I agree that pictures taken during program hours may be used for future promotional purposes. In absence of signature, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the waiver.

PRINTED NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

Doctor's Name

Doctor's Telephone

List allergies, restrictions, and/or medical conditions

Comments