



Youth Division of US Soccer. Affiliated with the Federation Internationale de Football Association (FIFA)

Miles City Youth Soccer Association
 PO Box 551
 Miles City, MT 59301
 www.midrivers.com/~mcposse

Registration

Player / Coach _____ Age Group _____
 Boy / Girl _____ U- _____
 Comp / Micro / Rec _____



REGION STATE DISTRICT
IV MT F

League Name Montana Youth Soccer Association
 Club Name Miles City Youth Soccer Association

Name as it appears on the Birth Record:

Last _____ First _____ M.I. _____
 Address _____ City _____ State _____ Zip Code _____
 Telephone _____ Cell Phone _____ Birth Date _____

Email _____ CIRCLE: _____ Player / Coach _____ Boy / Girl _____

Father's Name _____ Occupation _____ Bus. Phone _____
 Mother's Name _____ Occupation _____ Bus. Phone _____
 List any Medical Condition _____

Person to Notify in an Emergency _____ Phone _____
 Physician to Notify in an Emergency _____ Phone _____
 School _____ Grade _____ Years Played _____ Seasons Played: Fall / Spring / Both

UNIFORMS		Youth		Adult	
(Competitive and Micro League Only)					
Jersey	XS S M L XL	XS S M L XL 2X			
Shorts	XS S M L XL	XS S M L XL 2X			

Other Children in Family Presently Playing in this League

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

Player Fee Received _____	By _____	Check No. _____	Date _____
Uniform Deposit _____	Birth Cert _____	Check No. _____	Photo _____

Important

I, the parent/guardian of the above-named player, a minor, agree that I and the player will abide by the rules and regulations of US Youth Soccer, it's affiliated organizations, and it's sponsors (US Youth Soccer "Parties"). In consideration of the player's participation in the soccer programs and activities of US Youth Soccer Parties (the Programs), I, for myself, the player, and our respective heirs, administrators, and successors, intending to be legally bound, hereby release and indemnify US Youth Soccer Parties, the owners and operators of the facilities used for the Programs, and their respective officers, directors, employees, agents, and representatives from and against all claims, liabilities, damages, or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program which transportation is hereby authorized. I further grant US Youth Soccer Parties the right to use the player's name, picture and/or likeness in printed, broadcast, and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

Consent for Medical Treatment

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 are necessary to preserve the life, limb or well-being of my dependent.

 Signature of Parent/Guardian _____ Date _____

Parent Support

Please Mark Volunteer Options
 Your Support is Appreciated and Needed

- Coach** - organize practices and games
 - basic knowledge of soccer
 - coaching clinic provided
- Assistant Coach**
 - support coach in practices and games
 - knowledge not required - willing to learn
 - coaching clinic provided
- Team Parent**
 - make phone calls and treat list
- Referee** - basic soccer game knowledge
 - referee clinic provided
- Field Preparation**
 - help layout and line fields
 - help move goals
- Fund Raising**
 - assist fundraising chairman
- Board Member**
 - commitment to the growth of soccer in Miles City
 - lend your time and support

Note: