



Mamaroneck Junior Soccer League

Recreational Soccer Registration Form-Fall 2009

**REGISTRATION FEE IS \$85 PER CHILD.
\$20 LATE REGISTRATION FEE AFTER JUNE 30TH.**

REGISTER ON-LINE AT WWW.MJSL.ORG

**IF SENDING A CHECK, MAKE CHECK PAYABLE TO 'MJSL' AND SEND TO:
MJSL, P.O. BOX 221, MAMARONECK, NY 10543**

**WALK-IN REGISTRATION WILL BE HELD ON SATURDAY, MAY 16th 10:00 AM -1:00 PM AT
MAMARONECK AVENUE SCHOOL.**

Last Name _____ First name _____ Gender M _____ F _____

Address _____

City _____ Zip Code _____

Home Phone_ (____) _____-_____ E-Mail Address _____

Birth Date _____ Grade as of Sept 2009 _____ School Attending Sept 2009 _____

Father's Name _____ Cell Phone _ (____) _____-_____ Work Phone (____) __-_____

Mother's Name _____ Cell Phone _ (____) _____-_____ Work Phone _ (____) __-_____

Emergency Contact _____ Emergency Contact Phone Number _____

Doctor _____ Doctor Phone Number _____

List any medical problems or prohibitions player has _____

List any allergies _____ Medication Being Taken _____

Would you be interested in volunteering to be:

Head Coach _____ Assistant Coach _____ Team Manager _____ MJSL Volunteer _____

Grade and Gender of Team that you want to coach _____

Parent Name _____ E-Mail Address _____

CONSENT SIGNATURE

I, the parent or guardian of the registrant, agree that I, the registrant, and all members of my family will abide by the rules of the Mamaroneck Junior Soccer League (MJSL), its affiliated organizations and sponsors. Recognizing the possibility of injury associated with soccer and in consideration for the MJSL accepting the registrant for its soccer programs and activities, I hereby release, discharge and or otherwise indemnify the MJSL, its affiliated organizations and sponsors, their employees and associated personal, including the owners of the fields and facilities utilized for the programs, and the Village of Mamaroneck, against any claims by or on behalf of the registrant as a result for the registrants participation in the program and/ or being transported to or from the same, which transportation I hereby authorized. I also assume the financial responsibility for any medical treatment for my child. CONSENT FOR MEDICAL TREATMENT As the parent/guardian of the registrant 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 necessary to preserve the life, limb or well being of my dependent.

Signature of Parent or Guardian (Required) _____ Date _____