**Mason County Soccer League – Fall 2019 Registration**

$50 Registration Fee

$45 for siblings

Ohio Residents add $4

Make check payable to MCSL

2319 Jackson Avenue – Point Pleasant, WV – 25550

A WV Soccer Association affiliate member

**Player Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_

 (Last, First, Nickname)

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Played in MCSL before: Yes / No Years Experience:\_\_\_\_\_\_\_\_\_\_\_\_ Last Team/Coach:\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / Guardian Information**

*(WRITE “****SAME”*** *WHEN APPROPRIATE)*

|  |  |
| --- | --- |
| **Mother or Primary Guardian** | **Father or Guardian** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_**Phone #’s – Please List ALL CURRENT #’S**Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_**Phone #’s – Please List ALL CURRENT #’S**Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Requests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\* Not all requests can or will be honored**

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| --- | --- | --- | --- |
| **Age Matrix** | **Jersey Size** | **Parent Volunteers** | **Picture Request** |
| **4 & Under – Born in 2016****5 & Under – Born in 2015****6 & Under – Born in 2014****7 & Under – Born in 2013****8 & Under – Born in 2012****9 & Under – Born in 2011****10 & Under – Born in 2010****11 & Under – Born in 2009****12 & Under – Born in 2008** | **Youth****XS – 2-4 S – 6-8****M – 10-12 L – 14-16****Adult****Small Medium****Large XLarge** | **Parent can help with:****Coaching: \_\_\_\_\_****Field Care: \_\_\_\_\_****Referee: \_\_\_\_\_****Team Parent:\_\_\_\_\_****Other: :\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | By checking below I signify that I do **NOT** wish for my child’s picture be posted on the leagues website or other social media controlled by the league:**\_\_\_\_\_\_\_\_ - DO NOT POST** |

**Dislaimer:** I, the parent/guardian of registrant, a minor, agree that the registrant and I will abide by the rules of the WVSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the WVSA accepting the registrant for its soccer program and activities (Program), I hereby release, discharge, and/or otherwise indemnify the WVSA, 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 or from the same, which transportation I hereby authorize:

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**