



MISSOURI YOUTH SOCCER ASSOCIATION

LAKE COUNTRY SOCCER

REGISTRATION / MEMBERSHIP FORM



Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____

Zip Code _____ Phone (____) _____ Birth date _____

Sex M / F _____ Age _____ Grade _____ School _____

Email address _____

If an individual for team placement to be assigned to a known team, team name? _____

Father's Name _____ Tel: _____

Mother's Name _____ Tel: _____

List any medical problem or prohibition player has _____

Emergency contact (other than parent(s)) Name: _____

Relationship _____ Tel: (____) _____

Was the child born in a foreign country? Y/N _____ If so, when did the child enter the United States? Year _____

Any child U14 and older that answers "YES" or that has a foreign birth certificate, must complete the US Soccer International Clearance Request Form and submit this form to US Soccer before the player can be assigned to any team roster.

Coach (Head/Assistant) _____ Current License Level _____ Background Check Conf. # _____

LIABILITY RELEASE / MEDICAL CONSENT & TALENT/MODEL CONSENT RELEASE FORM

I, (as) the parent/guardian (of) the above named individual agree (player/coach/manager) to abide by all applicable rules, regulations and ordinances of US Soccer, US Youth Soccer, Missouri Youth Soccer, Lake Country Soccer, the City of Springfield and the Springfield/Greene County Parks & Recreation Department. In consideration of the player/coach/manager/parents' participation in the soccer programs and activities under the auspices of US Soccer, US Youth Soccer, Missouri Youth Soccer, Lake Country Soccer, the City of Springfield and the Springfield/Greene County Parks & Recreation Department. I for myself, and/or the above named individual, our respective heirs, administrators, successors, intending to be legally bound, hereby release and indemnify US Soccer, US Youth Soccer, Missouri Youth Soccer, Lake Country Soccer, the City of Springfield and the Springfield/Greene County Parks & Recreation Department, the owners and operators of facilities used for programs, activities and events, their respective directors, officers, employees, agents and respective representatives from any and all claims, liabilities, damages or causes of action arising from, out of, or in connection with the above named individual while participating in programs, activities and events, including, without limitation to transportation to/from any activity which transportation is hereby authorized. Additionally, I future grant US Soccer, US Youth Soccer, Missouri Youth Soccer, Lake Country Soccer, the City of Springfield and/or the Springfield/Greene County Parks & Recreation Department the right to use the above named individual's name, picture and/or likeness in printed, broadcast and any and all other materials concerning the programs, activities and events provided that such use is related to the above named individual's status as a participant in programs, activities and events. I, the parent/guardian and/or the above named individual consent that medical treatment is authorized to be administered to the above named individual in the event of a medical emergency.

Signature of Parent/Guardian/Manager/Coach _____ Date _____

This form MUST be notarized for to register for soccer related activities conducted by Lake Country Soccer.

Notary Name _____ Commission Expires _____