

MADISON SOCCER LEAGUE



Fall Recreation Soccer

Open to all communities

The Madison Soccer League's Fall Recreation Program is for boys and girls 4 to 14 years old. (No High School) The players are divided into teams according to age. The program is an instructional league. Games will be on Saturdays starting the first Saturday after Labor Day. Practice will start the end of August. Each player gets a soccer ball and team shirt.

Madison Soccer League is affiliated with US Youth Soccer

FEES: \$55 for one child
\$85 for two children
\$100 for 3 or more

\$5 late fee for registrations after August 1st

Make checks to: Madison Soccer League

Place in box at Sports and Sports or mail to:
 230 W. Main St
 Madison, OH 44057

**PAYMENT MUST BE INCLUDED
 WITH REGISTRATION**

**For information call:
 Terri or Tom Epple at 428-7981**

Amount Paid: \$ _____ Check #: _____

Player Information

Players name: _____

Parents name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Seasons Played: _____

Birthday (m/d/y): _____ / _____ / _____

email: _____

Boy

Girl

Shirt Size (circle one):

Child: 6-8 10-12 14-16

Adult: AS AM AL AXL AXXL

Requested Age Group (circle one):

4/5 6/7 8/9 10/11 12/14

Please note: All teams are coed

WE NEED YOUR HELP! *Volunteer!!!*

COACH ASSISTANT COACH TEAM PARENT

Coaching classes and literature will be offered

Coaches only: Team Name: _____

Shirt color: _____ Letter color: _____

Requested colors may not be available

Referee Name _____

MEDICAL AND LIABILITY RELEASE BELOW MUST BE SIGNED FOR CHILD TO PLAY

Medical Problems or Restrictions: _____

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 if I or a guardian is not available. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Signature _____

Date: _____

IMPORTANT

I, the parent/guardian of the registrant, agree that the registrant and I will abide by the rules of the USYS, Madison Soccer League, and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and / or otherwise indemnify the USYS (and Madison Soccer League and sponsors, their employees, and associated personnel including the owners of the fields and facilities utilized for the Programs, against my 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 authorize.

Signature _____ Date: _____