



Minot Soccer Association - Spring 2010

P.O. Box 1392 • Minot, ND 58702

PreK (4 years old) - 6th Grade

\$45.00 per player

Must be 4 years old by April 22nd

Registration Dates: March 16 and 17, 5:00-7:00 pm at Soccer Complex (Weather permitting)

For more info: www.minotsoccer.com • Phone: 701-833-5878 or 701-833-1753

Register your child in the grade that he/she is in. Shinguards and socks required! *We will not guarantee a request for your child if the deadline is not met.* **DEADLINE MARCH 26TH**

Name _____ Phone _____

Birthdate _____ Grade _____ Seasons played _____ Travel _____

Shirt Size: YM(10/12) _____ YL(12/14) _____ AS _____ AM _____ AL _____ Gender _____

Parents or Guardian _____

Address _____

Phone Numbers: Mother _____ Father _____ Cell _____

School _____ E-Mail _____

Parents are the only way that we can succeed as a youth soccer program. Please check one of the following, if you can help. Experience is not required... just a willingness to help our soccer program grow. Coaches' meetings and training will be set up as these positions are filled.

Coach _____ Asst. Coach _____ Team Parent _____ Referee _____ Field Maintenance _____

Shirt Size: _____

Spring Soccer dates: April 22, 24, 29 - May 1, 6, 8, 13, 15, 20, 22

ELIGIBILITY AND WAIVER FORM

As a parent and legal guardian of _____, I hereby consent medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, and well being on my dependent.

We further acknowledge that the registrant and I will abide by the rules of the US Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the US Youth Soccer accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the US Youth Soccer, its affiliated organizations and sponsor, their employees and associated personnel, including the owner of the fields and facilities 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.

Signed _____ Insurance Co. _____

Fee Paid _____ Cash/Check _____ Team Placement _____