

MESYC SOCCER REGISTRATION 2018

Registration is open June 1 – August 1, 2018

Name: _____

Address: _____

Phone Number: _____

Parents Name: _____

Birth Date: _____

Grade: _____

Interested in: Please note that these programs would not be possible without our volunteers

Coaching: _____

Assisting: _____

T-Shirt Size (if a new shirt is needed) (circle one)

Youth – Small Medium Large X-Large

Adult – Small Medium Large X-Large

Registration Fee: \$20/child (\$25/child if a new shirt is needed), or \$50 for 3+ children/family

Please make checks payable to MESYC

***All fees are non-refundable and considered a donation hereinafter**

****Medical authorization and release must be completed ****
(see back of this form)

*Please return completed forms to the
Village Clerk's Office, 23 Cedar Street, Morrisville
The office is open Monday – Thursday 8:00 am – 4:30 pm and Friday 8:00 – Noon
For your convenience, there is an after-hours drop to the left of the entrance door which may
be used for registration forms and payment.*

Official Use Only:

Cash: _____

Check: _____

**MORRISVILLE-EATON SMITHFIELD YOUTH COMMISSION
MEDICAL AUTHORIZATION AND RELEASE**

I, _____, the undersigned parent/guardian of
(print name)
_____ (“my child”), whose date of birth is _____,
(print name)

hereby grant permission for my child to participate in all activities, including, but not limited to inflatable “bounce houses” and “slip-n-slides”, offered by the Morrisville-Eaton-Smithfield Youth Commission (“Commission”). I understand that participation in any and all activities offered by the Commission may involve physical rigorous activity and risks of physical injury, and I assume these risks.

I further hereby grant permission to the Commission and its attendants, employees and representatives to provide and secure medical treatment for my child to the best of their judgment and ability in the event of an injury or sudden illness while my child is participating in any program sponsored or conducted by the Commission, including, but not necessarily limited to times before, during and after an athletic and/or recreational event. Such medical treatment may include, but shall not necessarily be limited to, on-site first aid, providing for emergency transport, hospitalization, injection(s), anesthesia and/or surgery, and providing information about my child’s condition and medical history to emergency responders and other health care providers.

I hereby accept responsibility for the payment of any and all charges related to any such medical treatment and/or transport and agree to release, indemnify and hold harmless the Commission, the Town of Eaton, the Village of Morrisville and the Town of Smithfield, their officers, attendants, representatives, employees, agents and contractors, from any and all claims, liability, harm, loss, damages, actions, cost and expense, including legal costs and attorneys’ fees, attributable, directly or indirectly, to my child’s participation in any and all activities offered by the Commission, as well as any such medical treatment and actions. Except as I have specifically set forth below, I hereby certify that my child is in good physical condition, and has no medical or physical conditions that would limit or restrict my child’s participation in activities offered by the Commission. This Authorization and Release shall be valid for the period from September 2018 through June 2019.

[If applicable]: My child has the following special medical conditions and/or limitations on activities (list all – if none, state N/A): _____

My child’s regular doctor is: _____ Tel. No. _____

I have medical insurance that covers my child through the following insurance plan:

Company/Plan: _____

Group No.: _____ ID No.: _____

Parent/Guardian Signature: _____ Date Signed: _____

Emergency Phone Number(s): _____

Address: _____

Name of Alternate Emergency Contact: _____

Alternate Emergency Contact Tel. No.: _____

Witness: _____ Date Signed: _____

Print: Witness Name: _____