

**MANCHESTER SOCCER CLUB  
REGISTRATION FORM**

[www.manchestersoccerclub.org](http://www.manchestersoccerclub.org)

**PLEASE FILL OUT FORM, MAIL CHECK AND  
COPY OF BIRTH CERTIFICATE (if new to league)**

**TO: MSC • c/o Dorene Lortie  
625 Douglas St.  
Manchester, NH 03102**

Your canceled check is your receipt. Please save a copy of this registration form for your records.

**PLAYER INFORMATION:**

**Name, Last**  **First**  **Sex**  M  F **Date of Birth**

**Address, Street**  **City**  **State**  **Zip Code**

**Telephone No.**  **Email Address**

**(603)**

**Yrs of Experience**  **Last Season Played**  **Where**  **Grade this Fall**  **School**  **School/Travel Player**  No  Yes

**U-12 Division or Higher ONLY. What positions do you play?**

Forward  Midfield  
 Defense  Goalie

**PARENT/GUARDIAN INFORMATION:**

**Mother's Name**  **Telephone No.**  **Cell No.**

**Father's Name**  **Telephone No.**  **Cell No.**

**PARENTAL SUPPORT:**

We ask for active participation of all parents in the programs. Check area(s) in which you would be willing to help.

Team Manager (Name of Parent)   Asst. Coach (Name of Parent)  **Coaches Lic. Level**

Team Parent  Board  Concessions  Field Preparation

Other:   Fund Raising

**EMERGENCY/MEDICAL INFORMATION:**

Any Medical Problems?  No  Yes, Explain

**Person to Notify in Emergency**  **Telephone No.**  **Cell No.**

**Doctor to Notify in Emergency**  **Telephone No.**

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA and MSC, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and MSC accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA and MSC, 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.

**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 duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

**Signature - Parent/Legal Guardian**  **Telephone No.**  **Cell No.**

**Address, Street**  **City**  **State**  **Zip Code**

**OFFICE USE ONLY • REGISTRATION FEES ARE NON-REFUNDABLE • OFFICE USE ONLY • REGISTRATION FEES ARE NON-REFUNDABLE**

**Registration Fee are Non-Refundable:**

Shirt Size:  No. of players in family?  Registration Fee  Date  Birth Certificate Verified?  No  Yes

Short Size:  Check No.  Received by  Picture Received?  No  Yes

**PLEASE MAKE CHECKS PAYABLE TO MSC.**

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