

Mt Pleasant Soccer Club
Spring Soccer Transitional Academy 2018
For boys and girls ages 7-9
Registration Form
Fee \$50

Every Tuesday: May 15 – June 12, 2018 from 6:15 – 7:30pm
Mt Pleasant High School Soccer field (corner of Preston & Sweeney)

Players will need to bring a soccer ball, shin guards, a bottle of water. Soccer cleats are strongly recommended.

PLAYER NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

BIRTH DATE: _____ Male: _____ Female: _____

PARENT(S) NAME: _____

PHONE: (h) _____ (c) _____

E-MAIL ADDRESS: _____

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in the sport designated above. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

Please list any physical limitation (allergies, hearing, sight, etc.): _____

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organizations named above, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

I also grant Mt. Pleasant Soccer Club permission to take photographs and/or video of my child while participating in club activities. The photographs and videos will be used for Club/Camp promotion through any or all of the following formats: Website, flyers, brochures, newsletters, presentations, Facebook and other marketing activities.

SIGNATURE OF PARENT: _____ DATE : _____

If you have any questions, please contact Shane Boyle at s.patrickboyle@gmail.com

Please make checks payable (\$50) to Mt Pleasant Soccer Club and mail by May 8, 2018 to:
Mt. Pleasant Soccer Club, c/o Shane Boyle, 321 Greenfield Dr, Mt. Pleasant, MI 48858