



MASON COUNTY SOCCER LEAGUE
2018 SPRING REGISTRATION FORM
 488 Greenbrier Estates, Pt. Pleasant, WV 25550
 Affiliated with USSF, USYSA and WWSA

PLEASE PRINT LEGIBLY

Player Information

Name: First _____ MI _____ Last _____
 Nickname _____ Birth Date ____/____/____
 Street Address: _____ Male _____ Female _____
 City _____ State _____ Zip _____
 Phones: Home _____ Cell _____
 Email Address: _____
 Played in MCSL before: *Yes / No* If Yes, last year/season played: _____

Mother (or Guardian) Information (write "same" where appropriate)

Name: First _____ Last _____
 Street Address _____
 City _____ State _____ Zip _____
 Phones: Home _____ Cell _____ Work _____
 Email Address: _____

Father (or Guardian) Information (write "same" where appropriate)

Name: First _____ Last _____
 Street Address: _____
 City _____ State _____ Zip _____
 Phones: Home _____ Cell _____ Work _____
 Email Address _____

Requests to be considered / Comments: _____

I do **not** wish for my child's pictures to be posted on Leagues Website/Facebook.

FOR OFFICIAL USE ONLY

Assign: U6 U8 U10 U12 U15 U19

REGISTRATION FEE \$ _____

Cash _____ Check _____

Date Received _____

Family Player _____ of _____

Notes _____

AGE GROUP and FEES

(based on birth date)

U-6 2014 - 2012

U-8 2011 - 2010

U-10 2009 - 2008

U-12 2007 - 2006

U-15 2005 - 2003

U-19 2002 - 1999

Family FEES (per player)

1st Player...\$50

All Additional Player...\$45 each

Late Registration add \$10 per

Player

Ohio Residents add \$4 per Player.

Make check payable to MCSL

SELECT JERSEY SIZE

Circle Preference:

Youth: XS (2-4) S (6-8)

M (10-12) >L (14-16)

Adult: S M L XL

PARENT WILL HELP WITH

- Coaching
- Field Care
- Referee
- Fund Raising
- Team Parent
- MCSL Officer
- Donations
- Become a MCSL Sponsor (Business)

Notes: _____

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

Signature: _____ Date: _____
 Parent or Guardian

Printed Name _____