

Mineola Soccer Association
Coach/Referee/Volunteer Registration Form

Participant is registering for (please print all information)

Season _____ Fall _____ Spring

_____ Coach I would like to be: _____ Head Coach _____ Assistant Coach

I am a: _____ Returning Coach _____ New Coach

Age level I would like to coach:

_____ U6 _____ U8 _____ U10 _____ U12 _____ U14 _____ U16

Specific Child's Team _____

Level of Experience _____

_____ Referee

Certification _____

Level of Experience _____

_____ Volunteer: Volunteers are needed at a variety of levels in order to help our association function properly. Please consider helping in any of the following areas or indicate any area with which you are willing to give us a hand. Thank you!

_____ Fundraising _____ Equipment _____ Field Lining _____ Awards Ceremony

_____ Pictures _____ Tournaments

Participant Information

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Shirt size: XS S M L XL 2XL 3XL Email Address: _____

Liability Release

The Mineola Soccer Association welcomes you as a volunteer. we thank you for your participation. Volunteers must recognize these activities involve physical labor. Therefore, there is an inherent risk of injury when you decide to volunteer. The MSA continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions which have been designed to protect their safety.

As a volunteer, I recognize And acknowledge that there are certain risks of physical injury and property damage to volunteers in the above referenced project(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child may sustain as a result of participating in any activities connected or associated with this volunteer project. I agree to waive and fully release the Mineola Soccer Association and its officers, agents, employees and volunteers from any and all claims from injuries, damage or loss which I or my child may have or which may accrue to me or my child on account of my volunteer participation or the volunteer participation of my child in this project(s).

Signature _____ Date _____

Emergency Information: Please list two people who may be notified in case of an emergency or illness

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Information:

Physician: _____ Phone: _____

Please list any additional information you feel may be important in case of a medical emergency: (i.e. Diabetic, Epilepsy, High Blood Pressure, Allergies, etc.)

PLEASE RETURN TO MINEOLA SOCCER ASSOCIATION. THIS INFORMATION WILL BE KEPT ON FILE FOR EMERGENCY USE ONLY
MINEOLA SOCCER ASSOCIATION, P.O. BOX 685, MINEOLA, TX 75773 www.minoelasoccer.com