

Mankato United Soccer Club

Fall 2008 Recreational Soccer Registration

Walk-Up registration at Scheels in the River Hills Mall

Saturday July 26, 2008 10 a.m. to 4 p.m.

For program descriptions and registration instructions, visit the MUSC website at www.mankatosoccer.org or call 507-345-6313. For the quickest response, e-mail the club at mankatosoccer@hotmail.com.

Mail completed registration forms and payment to:

MUSC Registrar – 18 Aspen Ct. North Mankato, MN

Registrar Use Only

Age Group: _____

Gender: _____

Date Received: _____

Amount: _____

Check Number: _____

Registration Closes August 8, 2008

Player Information (no nicknames)

Last Name

First Name

Middle Initial

Gender (M/F)

Address

City

State

Zip Code

Home Telephone

_____/_____/_____
Birth Date (month/day/year)

School, Fall 2008

Grade

Rec U5/U6 \$40

Rec U7/U8 \$40

(Born After 8/1/00)

Parent Information

Last Name (Father)

First Name

Daytime Telephone

Last Name (Mother)

First Name

Daytime Telephone

E-mail Address (for soccer announcements and messages)

Volunteer Name (see below)

The success of Mankato United Soccer Club depends on adult volunteers! Please indicate how you will help:

Coach

Assistant coach

Team manager

Board member

Fundraising

Liability Waiver

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules and procedures of Mankato United Soccer Club. Recognizing the possibility of physical injury associated with the game of soccer, I hereby release, discharge and/or otherwise indemnify Mankato United Soccer Club, its board of directors, and associated personnel including the owners of the fields and facilities utilized for the Club's programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Club's programs and/or while being transported to or from the same, which transportation I hereby authorize.

Parent/Legal Guardian (please print)

Signature

Date