



MUSCI-Midlakes United Soccer Club, Inc.

2019 Summer Travel Registration Form

Registration Information

The summer league will have boy's and girl's teams in these age categories: Under 11, U13, U15 & U18.

- League cut off is 12/31/19 for age eligibility
- Must have Fall 2019 School eligibility
- **Registration Deadline March 1st**
- Complete entire form. Please print clearly. Only 1 player per form, Separate form for each Player
- Payment must accompany registration

REGISTRATION COST: (includes uniform jersey/shorts/socks, insurance & referee costs).

•**U11:** \$85 per player (1 official)

•**U13 & U15:** \$105 per player

•**U18:** \$110 per player (3 officials)

(\$10 Discount for each additional u13 & older player)

Players are responsible for fines/red card

•**Please make checks payable to: MUSCI at time of registration.**

NO REFUND POLICY APPLIES

If not enough interest to form a team, your money will be refunded.

Season Information

Practice begins in May. Season runs approximately six weeks. Starts early June and ends before August 1st. Most games are played on specific weekday evenings - Sunday thru Friday by age group. Usually 5 home and 5 away games. Additional information available at registration, at wflysl.com or by emailing muscisoccer@yahoo.com. Coaches will reach out to the contact listed with details)

IMPORTANT:

- All first time players for MUSCI are required to provide a copy of their Birth Certificate.
- You may email completed registration forms to muscisoccer@yahoo.com Include players name in subject line.
- Registrations and payment, checks make out to MUSCI, can be mailed to Julie Spooner 2120 St Rt. 488, Clifton Springs 14432
- March 1st Deadline
- Call Julie (President/Registrar) at 585-752-7013 with questions

Player Name: _____ Date of Birth: _____

Address: _____ Sex: **M / F** Age: _____

City, State, Zip _____ Fall 2018 Grade: _____

Email address _____

*All players must wear **approved** shin guards, covered by knee-high socks (no exceptions).
Plastic cleats permitted. No metal cleats or plastic screw-ins.*

Parent/Guardian: (Father) _____ Cell Number: _____ Text: Y / N

Parent/Guardian: (Mother) _____ Cell Number: _____ Text: Y / N

Player: _____ Cell Number: _____ Text: Y / N

MUSCI is a volunteer organization, which depends upon your help to maintain a quality, cost effective program. Parent/guardian participation is appreciated. **Please indicate what you can do to volunteer.**

Coach Assistant Coach Team Parent Referee MUSCI Board Member

Circle Uniform size

Jersey: YS, YM, YL, AS, AM, AL, AXL **Shorts:** YS, YM, YL, AS, AM, AL, AXL
(A=Adult: Y=Youth size)

PARENTAL CONSENT, AGREEMENT & MEDICAL RELEASE

(Please read and sign)

I give permission for my child, (_____),(Player Name)to participate in the Midlakes United Soccer Club, Inc. (MUSCI) program. Recognizing the possibility of physical injury associated with soccer and in consideration for United States Soccer Federation (USSF), United States Youth Soccer Association (USYSA), NYSWYSA(New York State West) and its affiliates including the Midlakes United Soccer Club, Inc (MUSCI) accepting the registrant (the "Player") for its soccer programs and activities (the "Programs", including practices, league games, and tournament play), I hereby release, discharge and/or otherwise indemnify the MUSCI, NYSWYSA,USSF, USYSA and its affiliated organizations including its principals and representatives, as well as sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant's participation in the programs and/or being transported to or from the same.

I state that my child, (the "Player") has received a physical examination by a physician within the last year and has been found physically capable of participating in the programs.

I hereby give my consent to have a licensed athletic trainer, Emergency Medical Technician, and/or doctor of medicine or dentistry provide my child (the "Player") with medical assistance and/or treatment. I also assume the legal and financial responsibility for any medical treatment for my child (the "Player"). I authorize transportation of my child by MUSCI officials and/or coaches for medical treatment.

I have confirmed and verified my child's Date of Birth shown on the front of this form, and have not falsely stated his or her date of birth. [If MUSCI has a copy of birth certificate from last year-you need not supply it.]

I also agree to comply with the **NO REFUND POLICY** upon acceptance of this registration form by the Midlakes United Soccer Club, Inc. **Returned checks will be subject to bank fees plus a processing fee of \$25. I also acknowledge MUSCI cannot honor special placement requests for my child.**

Parent/Guardian Signature: _____ Date: _____

A COPY OF BIRTH CERTIFICATE IS REQUIRED FOR FIRST TIME PLAYERS

Contact us with any questions
muscisoccer@yahoo.com
Julie Spooner (President/Registrar) 585-752-7013
Andy Wight (Vice President) 585-955-3959
Kelly Wilkes (Secretary) 315-719-7990
Tanya Meath (Treasurer) 315-521-8854

MUSCI Fee Schedule

Under 11	Summer Travel Team	\$85 per player
Under 13 & 15	Summer Travel Team	\$105 per player (\$10 Discount for 2 nd player)
Under 18	Summer Travel Team	\$110 per player (\$10 Discount for 2 nd player)

MUSCI USE ONLY: Amount paid _____ Cash ⑧ Check ⑨ # _____
Birth Certificate: ⑨ Needed ⑨ On File