



MARION SOCCER CLUB
(established 2004)

Please Print Clearly					
Player ID				Uniform Size (AS, AM, AL, AXI, AXXI.)	
Last Name		First Name		Date Of Birth (MM/DD/YYYY)	
Address			City	State Zip	Phone Number
Father/Guardian					
Last Name		First Name		Phone Number (H)	
Email			Cell Phone	Phone Number (W) (Optional)	
Mother/Guardian					
Last Name		First Name		Phone Number (H)	
Email			Cell Phone	Phone Number (W) (Optional)	
<p>MEDICAL CONSENT As the parent or legal guardian of the above named player(s), I hereby give the above named player(s) permission to participate in the activities of the Marion Soccer Club. I also give permission, in case of injury, to have an Athletic Trainer, Medical Doctor, Nurse, Hospital or Clinic provide emergency medical assistance and/or treatment if in their opinion it is necessary. I RELEASE AND FOREVER DISCHARGE the Marion Soccer Club, it's officers, employees, agents, and volunteers from any and all claims, demands and actions of any and every nature whatsoever that I may have for any and all loss, damage or injury sustained by me and/or my minor child for whom I am signing, before, during and after team sponsored activities, games and/or practices.</p>					
Parent Signature				Date	
Fee	Cash (Receipt Number)	Check Number			
Uniform cost will not be covered in our registration fee.					
<ol style="list-style-type: none"> 1. All fees, a birth certificate and picture (where required) must accompany this form in order for the registration process to be considered complete. 2. A \$1.50 administration fee will be withheld from all refund requests. If the paperwork has been submitted to ISA then no refunds will be issued as all fees are administrative only. 3. Shin guards are mandatory for all practices and games. 4. ABSOLUTELY NO JEWELRY ALLOWED OF ANY KIND (including starter earrings) 5. Ball sizes - Size 3 for U6 & U8; Size 4 for U10 - U12; Size 5 for U-13 and above. 					

MEDICAL RELEASE FORM

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of player's birth

month	day	year

 Date of last tetanus booster

month	day	year

Known allergies of this player, including any allergies to medicine:

Any other medical problems which should be noted:

Family Physician	<input style="width: 95%;" type="text"/>	Phone	<input style="width: 95%;" type="text"/>
Parent/Guardian	<input style="width: 95%;" type="text"/>	Home Phone	<input style="width: 95%;" type="text"/>
		Work/Cell Phone	<input style="width: 95%;" type="text"/>
Parent/Guardian Address	<input style="width: 95%;" type="text"/>	City, State Zip	<input style="width: 95%;" type="text"/>
Person responsible for charges, if differs	<input style="width: 95%;" type="text"/>	Home Phone	<input style="width: 95%;" type="text"/>
		Work/Cell Phone	<input style="width: 95%;" type="text"/>
Person responsible for charges address	<input style="width: 95%;" type="text"/>	City, State Zip	<input style="width: 95%;" type="text"/>
Person to notify if parent/guardian unavailable	<input style="width: 95%;" type="text"/>	Home Phone	<input style="width: 95%;" type="text"/>
		Work/Cell Phone	<input style="width: 95%;" type="text"/>
Insurance Carrier	<input style="width: 95%;" type="text"/>	Policy Number	<input style="width: 95%;" type="text"/>

Signature of parent/guardian _____

NOTARIZATION

State of _____ County of _____
Sworn to and subscribed before me on the _____ day of _____, 20____.
Notary public in and for the State of _____ My commission expires _____

Player Code of Conduct

"No Poor Sportsmanship!"

_____ I will exhibit good sporting-like behavior.
Initial

_____ I will act as a positive role model by showing positive support for all fellow players,
Initial coaches and game officials.

_____ I will refrain from criticizing game officials.
Initial

_____ I will play by the Rules.
Initial

_____ I will win and lose with dignity.
Initial

_____ I will control my temper and never argue with or complain to a referee.
Initial

_____ I play because I want to play; NOT to please others.
Initial

_____ I will never retaliate even when I feel that I have been wronged.
Initial

_____ I will treat all other players as I would like to be treated.
Initial

Signature

Date

Print Name



Parent Code of Conduct



"No Poor Sportsmanship!"

_____ I will encourage good sporting-like behavior.
Initial

_____ I will act as a positive role model by showing positive support for all
Initial players, coaches and game officials.

_____ I will never place the value of winning over the safety and welfare of
Initial players.

_____ I will teach my child to play within the spirit, written rules and laws of the
Initial game.

_____ I will, under no circumstances, authorize or encourage the use of
Initial performance enhancing substances.

_____ I will refrain from criticizing game officials.
Initial

_____ I will emphasize that the game is played for fun and for the benefit of
Initial youth.

_____ I will support coaches and game officials who spend valuable time with my
Initial child.

Signature

Date

Print Name