



P.O. Box 295

Mount Pearl, NL A1N 2C3

# MOUNT PEARL SOCCER ASSOCIATION

Phone: (709) 364-9793

Fax: (709) 368-4981

[soccer@mpsaca](mailto:soccer@mpsaca)

[www.mpsaca](http://www.mpsaca)

## MPSA Winter Training Registration Form

### Section 1

Last Name of Player		First Name		Middle	
Year of Birth		Gender			
Cell number		Home Number			
Address					
Parental E-Mail					
What was the last club that you played for?		MPSA		Other (Name of Club)	
Check only One	Canadian Citizen		Permanent Resident		Refugee Claimant
					Other (citizenship)

**Did you Register in the MPSA 2011 Summer League with no changes to the information in section 2?  
If yes, proceed to Section 3**

### Section 2

MCP Number					Date of Birth	dd		mm		yy	
Street Address											
City					Province			Postal Code			
Medical Allergies											
Emergency Contact					Emergency Number						

### Section 3

*I hereby personally, as the parent or guardian of the player registered above, agree that we will abide by all the rules and by-laws of the Mount Pearl Soccer Association (MPSA) and all affiliated organizations including NLSA and/or CSA. We also recognize the risk of injury inherent in participating in soccer in all respects and in consideration for acceptance of my child into the MPSA program, we agree to assume all risk of injury incidental to his/her participation in the program. We release and will defend and indemnify MPSA, its coaches, officials, directors, employees, referees, members and all other soccer player/participants from any claim for liability for damages arising out of my child's participation in MPSA sanctioned activities including but not limited to, games and/or practices, tournaments, clinics, camps and transportation to/from such activities. This release shall also include such claims against schools or any other owner (s) of any other facilities used by MPSA for sanctioned soccer activities. In my absence, I expressly authorize my child's coach, assistant coach and/or MPSA officials to secure any necessary, emergency medical care or transportation for him/her in the event of injury, including first aid and/or medical treatment by licensed paramedics, physicians and/or hospitals. The MPSA publishes player, game and tournament photos on our website and in MPSA marketing materials. MPSA reserves the right to use pictures which may include your child for promotional purposes.*

**Refund Policy** – Refunds will be granted up to two weeks from the start of a program, and will be subject to a 25% administration fee. Refunds requested after two weeks from the start date will only be granted for medical reasons, and must be accompanied by a signed physician's certificate. Refunds will be prorated from the start date in addition to the 25% administration fee.

Parent's Name (Print)		Signature	
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### Office Use Only

Date		Received By	
Receipt No.		Amount Paid	
Player ID Number		Method of Payment	
New Player		Returning Player	
		Age Group	