



MOUNT PEARL SOCCER ASSOCIATION

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Mount Pearl, NL A1N 2C3

MPSA Registration Form

Summer League

Section 1

Last Name of Player		First Name		Middle	
Year of Birth		Gender			
Address					
Parental E-Mail					

**Did you play in the MPSA 2010 Summer League with no changes to the information in section 2?
If yes, proceed to Section 3**

Section 2

MCP Number					Date of Birth	YY		MM		DD	
Home Phone					Cell Phone						
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 by my signature below 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. From time to time 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.

Parent's Name (Print)		Signature	
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Office Use

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