



MOUNT PEARL SOCCER ASSOCIATION

P.O. Box 295

Mount Pearl, Newfoundland, A1N 2C3

Phone: (709) 364-9793 Fax: (709) 368-4981 email: soccer@mpsaca.ca

www.mpsaca.ca

2010 MEMBERSHIP FORM

SECTION 1 – SOCCER PROGRAM (Please check only one program)

Summer House League: Summer All Star: Winter Training Pool: Academy Training:
Indoor League: Senior: Other: If other, please specify: _____

SECTION 2 - PLAYER INFORMATION (Please print clearly)

Last Name: _____ First Name: _____
MCP#: _____ Date of Birth: (dd/mm/yy) _____ Gender: _____
Street Address: _____ City: _____ Province: _____ Postal Code: _____
Parent's Email Address: _____

SECTION 3 - PARENT/GUARDIAN CONTACT INFORMATION (If you played in the MPSA in the previous year and there are no changes to the information in Section 3, proceed to Section 4)

Parent(s) or Guardian(s) Name: _____ / _____
Street Address: _____ City: _____ Province: _____ Postal Code: _____
Home Phone: _____ Cell: _____ Work Phone: _____

SECTION 4 - EMERGENCY INFORMATION (If there is an emergency and I cannot be contacted, please contact)

Name: _____ Phone: _____

Player Allergies: _____

SECTION 5 - VOLUNTEER INFORMATION (If you would like to volunteer with MPSA please check the areas you are interested in below)

Sponsorship: Coach: Referee: Tournament: Office: Other:

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 or Guardian Signature: _____ Date: (dd/mm/yy) _____

(MPSA Office Use Only)

Amount Paid: _____ Receipt #: _____ Received By: _____ Date: (dd/mm/yy) _____

New Player: _____ Return Player: _____ Age Group (HL): _____ Age Group (All-Star): _____