Manchester East Soccer League

PO Box 4233 ~ Manchester, NH 03108-4233 ~ www.mesl.org

PLAYER INFORMATION

LAST NAME: ____ FIRST NAME: ____

ADDRESS: ___________________________________ CITY/TOWN : ________________________ ZIP CODE: ________________

HOME PHONE: _______________________________ D. O. B. ___________________ AGE: _________ CIRCLE ONE: M F

Email Address: _______________________________________ Do you wish to receive info about indoor soccer or other leagues? Y or N

What school do you attend? ____________________________ Travel or High School Level of Play _______________________

Prior number of season played? _______ Last season played? __________ Which league? ____________________________

U12 Division or higher—Which positions do you play? FORWARD MIDFIELD DEFENSE GOALIE

PARENT & MEDICAL INFORMATION

MOTHER'S NAME: ___________________________________ CELL PHONE: _______________ HOME PHONE: _____________

FATHER'S NAME: ____________________________________ CELL PHONE: _______________ HOME PHONE: _____________

LIST ANY MEDICAL PROBLEMS OR PHOHIBITION PLAYER HAS: ____

PERSON TO NOTIFY IN CASE OF EMERGENCY: ________________________________ CELL PHONE: ________________________

DOCTOR TO NOTIFY: ____________________________________ PHONE: ____

LEGAL RELEASE

I, the parent/guardian of the registrant of a minor, or the player if over the age of 18 agree that I and the registrant will abide by the rules and regulations of the USYSA and MESL, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and MESL accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the USYSA and MESL, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against and claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I do hereby authorize.

Full Name: ____ ***Signature***: X____

(PLEASE PRINT) Parent / Legal guardian or Player if over the age of 18 years

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian, or the registrant if over the age of 18, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the registrant:

X____

Signature of Parent / Guardian or Adult Registrant

Address:____

City:_________________________ State:_____ Zip:___________

Home Phone:___________________ Bus/Cell: _________________

VOLUNTEER INFORMATION

We ask for active participation of all parents in our program. Please circle an area you would be willing to participate.

Coach	Concession Stand Shift Leader
Assistant Coach	Sponsor
Team Parent	Field Maintenance — Lining Fields
Board Member	Referee

OFFICIAL USE ONLY BIRTH DATE VERIFIED? YES NO

SIBLINGS IN THE LEAGUE? YES NO

Registration Fee: **Please have checks made payable to MESL**

TOTAL: $ ____________________ RECEIVED BY: _____________

CASH OR CHECK ck.#___________ DATE: ____ /____ /____