

Mat-Valley Soccer Club

www.matvalleysoccer.com

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Wasilla, AK 99687
(907) 376-SOCR (7627)
don@matvalleysoccer.com

INSTRUCTIONS

Fill out this form and send it, along with payment, to the address above. Make checks payable to **Mat-Valley Soccer Club**. If the player normally plays with a youth club such as MSC, you are also required to fill out a *Permission to Play Adult League* form before their first game or practice.

PLAYER INFORMATION

First Name	MI	Last Name
Gender	Birth Date	

CONTACT INFORMATION

Parent Name (if player is under 18)		
Mailing Address		
City	State	Zip Code
Home Phone	Work/Cell Phone	
E-mail Address		
I would like to receive notices by email about upcoming registrations and events: Yes No		

TEAM INFORMATION

Team 1
Team 2

Office Use
Check # _____

MAT VALLEY SOCCER CLUB, INC

Annual Player Release

Release and Agreement

The following binding release and agreement applies to both children and adults (herein after the "Participant") participating in the Mat Valley Soccer Club, Inc (MVSC) league. This release is being granted by the Participant if the Participant is 18 years of age or older or by a responsible parent or legal guardian (herein after the "Guardian") as indicated below if the Participant is under 18 years of age when this agreement is executed.

Release of Liability

Soccer is a contact sport involving risk of serious injury, disability or death. Not all risks are foreseeable. Recognizing the possibility of physical injury associated with soccer Participant and/or Guardian hereby discharges, waives and/or otherwise releases: United States Soccer Federation, Inc (USSF); United States Youth Soccer Association, Inc (USYSA); Alaska Youth Soccer Association, Inc (AYSA); Owners of indoor and outdoor fields and/or facilities utilized for the league (Facilities); MVCS, their employees, agents, assigns; or other affiliates and sponsors against any claim for injury, death or property damages alleged to be caused in whole or in part by USSF, USYSA, AYSA, Facilities, MVSC their agents, assigns or affiliates actions or omissions.

Release for Medical treatment

Participant and/or Guardian hereby give consent for emergency medical care prescribed by a duly licensed doctor, hospital, clinic or emergency care giver for the Participant for any injury that arises from any event that MVSC organizes, coordinates and/or participates in.

Confirmation of Amateur Status

Participant and/or Guardian does hereby consent and agree to be registered as an amateur player and agree to abide by and observe all of the rules, regulations, and by-laws of USSF, USYSA, AYSA and MVSC. Participant and/or Guardian further hereby acknowledge Participant is presently not under a professional soccer contract and they are not under suspension by any member organization of USSF, USYSA or AYSA.

Participant

Please indicate by initialing in the appropriate space below whether the player being registered and agreeing to this Release and Disclaimer is a(an):

_____ MINOR (under 18 years old). (ONLY the Guardian MAY sign below)

_____ ADULT (at least 18 years old). (ONLY Participant MAY sign below)

Player name (PRINTED)

Guardian name (PRINTED)

Relationship to player

Signature of Participant OR Guardian

Date