



REGISTRATION FORM

TEAM NAME: _____ Age Group: U- _____

Player Name: _____

Street Address: _____ City: _____

Phone #: _____ Birth Date: _____ Age: _____

Email Address: _____

Father's Name: _____ Mobile Phone #: _____

Mother's Name: _____ Mobile Phone #: _____

RELEASE / HOLD HARMLESS

I, the parent/ Guardian of the registrant, a minor, agree that the registrant and I will abide by the policies and Bylaws of Meja Soccer Club and it's affiliate training group, Real Soccer Academy Training (RSAT), Meja SC / RSAT. Recognizing the possibility of physical injury associated with all aspects of the sport of soccer and in consideration for Meja SC / RSAT accepting the registrant for one or more of its soccer programs and activities (the "Program"). I hereby release, discharge and/or otherwise indemnify Meja SC / RSAT, its affiliated organization and sponsors, their employees, volunteers, and associated personnel, including the owners of fields and facilities utilized for the Programs. Against any 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 hereby authorize.

I the parent/legal guardian have read and understand the above:

Print Parent/legal guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above-named player, I hereby give 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 necessary to preserve the life, limb, or well being of my dependent.

Parent/Legal Guardian Signature: _____

Date: _____

Doctor: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Relationship: _____