

Mt. Gilead Soccer League 2009 Registration Form

Player's Name _____ M ___ F ___

Address _____

City _____ State _____ Zip _____

Date of Birth* _____ Age as of September 1, 2009** _____

***Birth Certificate required. Bring to registration for verification or send copy with mailed registration.**

****Must be 5 years old by Sept 1, 2009 and can not be older than 14 by November 1, 2009****

Grade Player will enter this Fall _____ Years of Soccer Experience _____

Shirt Size (Note: Choose at least one size larger than normal)

Circle one of the following: Youth: M L Adult: S M L XL

Parent/Guardian(s) Name(s) _____

Home Phone _____ Alternate Phone _____

E-Mail _____

Would you like to be on our e-mail news update list? (MGSL only!) Yes No

Are you willing to coach (Yes No Maybe) or assist (Yes No Maybe) if needed?

****Anyone wishing to coach or assist must also please fill out a coach's form**

Thank you!**

I am willing to help in the concession stand if needed. Please contact me at:

Name _____ Phone _____

Registration Deadline Date: Wednesday, July 29, 2009. All packets must be received by this date (including mailed registrations). Registration packets and payment can be turned in at open registration at the Mt. Gilead Soccer Complex on July 18th and 25th (10:00am-Noon) or July 29th (6-8:00pm) or can be mailed to:

**M.G.S.L.
P.O. Box 437
Mt. Gilead, OH 43338**

The complete registration packet includes: 1) Registration Form, 2) Participation Release Waiver, 3) Authorization to Consent for Treatment of a Minor, and 4) Parents' Code of Ethics, along with full payment. **If you are mailing in the registration, please include a COPY (no originals) of your child's birth certificate for proof of age!**

Fees: \$20 per child. Please make checks payable to: Mt. Gilead Soccer League or M.G.S.L.

Questions? Website: www.redbird.net/mgsl, Email: mgsl@redbird.net,
Phone: 419-949-4337

Participation Release Waiver
Village of Mt. Gilead Parks and Recreation Dept.
72 West High St.
Mount Gilead, OH 43338

Parent or Guardian's Name: _____
(If child is under 18)

Address: _____
City/State: _____
Zip: _____

Phone (home): _____
Phone (work): _____
Phone (cell): _____

Participant Name: _____
Birth Date: _____
Gender: M ___ F ___

Program Title: Mt. Gilead Soccer League

Please Sign Below – Signature Required To Participate

RELEASE OF ALL CLAIMS AND PROMISE NOT TO SUE

As a participant in this and/or any other program of the Village of Mt. Gilead, I recognize and acknowledge that there are certain risks and I agree to assume all such risks including any damages resulting from physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss which I or my child may sustain as a result of participating in any and all activities connected to or associated with such programs.

In consideration of the Village of Mt. Gilead accepting my or my child's registration, and with the intent to be legally bound, I hereby, for myself, my child, all heirs, executors, administrators, and assigns, do forever release, waive, and relinquish all claims I have or might have as a result of participating in this and all other programs of the Village of Mt. Gilead and its officers, agents, servants, employees, and insurers from any and all liabilities, claims, demands, actions, or causes of action resulting from physical injuries, including death, loss of services or consortium, loss or damage of property, or any other loss which I or my child may have, or which may accrue to me on account of my or my child's participation in this and all other programs of the Village of Mt. Gilead.

READ CAREFULLY – BY SIGNING THIS, YOU MAY GIVE UP IMPORTANT LEGAL RIGHTS

Date: _____ Signature of Participant _____

Signature of Parent or Guardian _____

If participant is under 18, this form must be signed by a parent or guardian

Do you give permission for your child's name and/or picture to be used in publications such as local newspapers or on the MGSL soccer website? Y_____ N_____

Authorization to Consent for Treatment of a Minor

It's important to remember that a child under 18 years of age who needs medical, dental, or hospital care cannot be treated without parental permission unless the situation threatens the child's life or limb. That's the law.

To ensure that your child receives the proper care in your absence, you can appoint anyone over 18 years of age to authorize your child's medical care. By completing the form below and leaving it with the person taking care of your child, it will be ready to use in case of a medical emergency.

I hereby grant to **Mt. Gilead Soccer League** authority to give an informed consent for the treatment of (Child's Name) _____, (age) _____ should such child require medical care of any nature by reason of any condition or incident, except that the following procedures should not be performed without my consent unless the concurring medical opinion of two physicians is that such procedures are necessary to relieve the suffering or preserve the life or limb of such child and I cannot be reached after reasonable attempts:

- a) Major surgery
- b) Other (if any): _____

Facts concerning the child's medical history, including allergies, physical impairments, and medications being taken, to which a physician should be alerted are as follows:

Our family physician is Dr. _____ Phone: _____

Our family dentist is Dr. _____ Phone: _____

Our hospital of choice is: _____

Our health insurance plan is _____ ID # _____

This authorization expires at 6pm on the last day of the 2009 soccer season.

Signature of Parent: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Date: _____ Witness: _____

Parents' Code of Ethics

Mt. Gilead Soccer League

I hereby promise to provide positive support, care, and encouragement for my child, participating in this sport, by following this Parents' Code of Ethics Pledge:

I will encourage good sportsmanship by demonstrating **positive** support for **ALL** players, coaches, officials, and other fans at every game, practice, or other youth sporting events.

I will place the emotional and physical well-being of my child ahead of a personal desire to win.

I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

I will support a sports environment for my child that is free of drugs, tobacco, alcohol, and foul language and will refrain from their use at all youth sporting events.

I will remember that the game is for youth – NOT for adults.

I will do my very best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, helping with snacks, or providing transportation.

Parent Signature

Parent Signature

Date

Please return this form with your registration packet.

Player's Code of Ethics

Mt. Gilead Soccer League

I hereby promise to be positive about my sports experience and accept responsibility for my participation by following this Player's Code of Ethics Pledge:

I will encourage good sportsmanship from fellow players, coaches, officials, and parents at every game and practice by demonstrating good sportsmanship.

I will attend every practice and game that I can, and will notify my coach if I cannot.

I will expect to receive a fair amount of playing time.

I will do my very best to listen and learn from my coaches.

I will treat my coaches, other players, officials, and fans with respect regardless of race, sex, creed, or abilities and I will expect to be treated accordingly.

I deserve to have fun during my sports experience and will alert parents or coaches if it stops being fun!

I deserve to play in an environment that is free of drugs, tobacco, alcohol, and foul language and expect adults to refrain from their use at all youth sports events.

I will encourage my parents to be involved with my team in some capacity because it is important to me.

I will do my very best in school.

I will remember that playing sports is an opportunity to learn and have fun.

Player's Signature

Date

Please go over this form with your player, have him/her sign it. Post the form in a visible place at home and periodically review this form with the player.