



Mt. Laurel United Soccer Association, Inc.

2009/2010 Travel Soccer Registration

Try-out #

SECTION A- Player information

Players Name: _____ Date of Birth: _____
Last Name First Name Month Day Year
Today's Date ___/___/___ Gender: M F (circle one) * Age: (as of July 31, 2009) _____

***PROOF OF AGE REQUIRED FOR ALL U8, MLU RECREATION PLAYERS & NEW MLU TRAVEL REGISTRANTS**

E-Mail address : _____

Address: _____ City: _____ Zip: _____

Home Phone#: _____ Cell Phone#: _____ Emergency Phone#: _____

Medical Information: Does your child have any medical/surgical problems that a coach or manager should know about (i.e. asthma, knee injury, kidney malfunction, etc.)? No Yes (If yes, please describe) _____

SECTION B-Travel Team Fees

MLU maintains funds for all travel teams in individual accounts, however each team (coaches and parents) is responsible for monies according to the policies set forth by the MLU Treasurer and Board of Directors. The current registration fee is a team fee and you will be advised of your portion upon selection.

SECTION C- Volunteers and Sponsors

Please volunteer!!! Circle one or more below!

Coach	Assistant Coach	Field Maintenance	Girls Age Group Coordinator	Boys Age Group Coordinator	Equipment
Registration	Sportsmanship	Tournaments	Club Administration	Uniforms	Just call me

PLEASE SEND ME MORE INFORMATION ABOUT MLU/USA SPONSORSHIP PROGRAMS: YES NO

SECTION D-Waiver and Release

In consideration of my child being allowed to participate in any Mt. Laurel United Soccer Association programs, related events & activities, I the undersigned, on behalf of my spouse and our child/ward:

1. Acknowledge and fully understand that each participant will be engaging in activities that may involve serious injury, including permanent disability and death, and severe social and economic loses which might result not only from their own actions, inaction, or negligence, but the actions, inaction, or negligence of others, in the rules of play, or the condition of the premises or any equipment used. Further, there may be risks not known to us or not reasonably foreseeable at this time.
2. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
3. Release, waive, discharge and covenant not to sue Mt. Laurel United Soccer Association, its administrators, officers, directors, agents, managers, coaches and other volunteers and employees, other participants, sponsoring agencies, sponsors, advertisers, and owners and lessors of premises used to conduct the event, from any liability arising out of that participation and will hold all of the harmless and indemnify them all from any claims by or on behalf of the above player arising out of the participation of that player.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING AND SIGN IT VOLUNTARILY

PARENT or GUARDIAN: _____ SIGNATURE: _____
DATE: _____

SECTION E-Travel Team Information

Present Travel Team Name: _____ Coach: _____

Note: Signing this form also indicates that you have received and read the Mt. Laurel United Travel Soccer Tryout Guidelines. Completion of this form is required for all players of Mt. Laurel United Travel Soccer program for the 2009/2010 year.

For MLU Use Only:

Fall 2008 Team Name _____ Coach: _____