



Mt. Laurel United Soccer Association, Inc

Tryout #

2010 Summer Select Soccer Registration

SECTION A- Player information

Players Name: _____ Date of Birth: ___/___/_____
 Last Name First Name Month Day Year
 Today's Date ___/___/2010 Gender: M F (circle one) * Age: (as of July 31, 2009) _____
***PROOF OF AGE REQUIRED FOR ALL REGISTRANTS**
 E-Mail address: _____
 Address: _____ City: _____ Zip: _____
 Home Phone#: _____ Cell Phone 1#: _____ Cell Phone 2#: _____
 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-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 losses 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
 DATE: _____
 PARENT or GUARDIAN: _____ SIGNATURE: _____
 (please print)

SECTION C-Travel Team Information

Present Travel Team Name: _____ Age group: _____
 Positions you play currently: _____

SECTION D- Uniform sizing

Jersey size: (circle one) Youth medium / Youth large / Youth extra large
 Adult small / Adult medium / Adult large

Short size: (circle one) Youth medium / Youth large / Youth extra large
 Adult small / Adult medium / Adult large

Sock size: (circle one) Youth medium / Youth large / Youth extra large
 Adult small / Adult medium / Adult large

Visit our website: <http://mlunited.org> for information or copies of this registration form.