



JERSEY #	
Proof of Birth	

Internal Use Only

CLASSIC ELIGIBILITY (for U10-U12 teams only)
(Circle one) E P WC

MSI CLASSIC PLAYER REGISTRATION-MEDICAL AUTHORIZATION

Managers: PLEASE COMPLETE THIS FORM IN FULL, MAKE A COPY FOR YOUR RECORDS AND TURN IN THE ORIGINAL

Team Name MSI Classic - City Rockville State MD

- I hereby consent to the above-named team (club) registering me with MSI Classic.
- I hereby confirm the following team status for the registered player. (**You must check one of the following two options**)
 - Player is not rostered to any other MSI Recreation, MSI Classic or other US Club Soccer or MSYSA travel team (e.g. OBSL, WAGS, NCSL).
 - Player is also rostered to the following team (e.g. OBSL, WAGS, NCSL, MSI Classic, etc.) :
 _____ (Club/Team) _____ (League) _____ (Age Group)

I/we understand that:

Players on U10 – U12 MSI Classic teams may NOT play on an MSI Recreation team or other carded/travel team (e.g., one playing in WAGS, NCSL, OBSL etc), including another MSI Classic team.

U13 and older Classic teams are allowed up to three players who are also “carded” to other travel teams (e.g., WAGS, NCSL, MSI Classic). The second Classic team must be in a different age group. I understand that I/we should check with the other Classic team before being rostered to such team to ensure compliance with league rules.

I/we understand that MSI Classic teams that have paid coach(s) and/or trainer are required to have a volunteer parent from the team responsible for maintaining the team’s finances, including the receipt and deposit of all funds, and disbursement of any and all team funds. I am also aware that I am entitled to receive a copy of the team budget in advance of any payments due and following the conclusion of the season, an updated summary of ‘actual’ expenses incurred and income received.

Parent/Guardian Signature _____ Date _____

REGISTRATION WILL NOT BE COMPLETE WITHOUT FILLING OUT AND RETURNING PAGE 2 OF THIS FORM.

PLAYER'S MEDICAL INFORMATION

Player's Name _____ Birthdate (MM/DD/YYYY) _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Father's Name _____ Home Phone _____ Bus Phone _____

Mother's Name _____ Home Phone _____ Bus Phone _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Home Phone _____ Bus Phone _____

Name _____ Home Phone _____ Bus Phone _____

Allergies _____

Other Medical Conditions _____

Physician _____ Phone _____

Medical Insurance Co. _____ Phone _____

Policy Holder's Name _____ Policy Number _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the player listed above with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the player listed above to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the team, MSI, their sponsors, Metropolitan Washington Soccer Referees Association, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in MSI soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature _____ *Date* _____

Print Name _____ (Relation to player (*circle one*): father, mother, guardian)