

Ms Futbol Club TopSoccer Registration Form Fall 2021

**A program of:
Mississippi Futbol Club
Ridgeland Parks & Rec Dept.
Mississippi Rush
Mississippi Soccer Association**



Registration ends August 27, 2021
Cost is \$10. Make checks payable to Ms Futbol Club
Check here _____ if you cannot pay the ten dollars and you wish to have it waived.
Mail forms to:
MS Futbol Club
PO Box 767
Madison, MS 39130
Phone or Fax: 601.898.1996 Web: www.topsoccerms.com

Player Information:

Last Name: _____ First Name: _____ Home Email: _____

Address: _____ City: _____ Zip Code: _____ Home Phone #: _____

Male: _____ Female: _____ Current Age: _____ Birthdate: _____

Please describe your child's disability: _____

Please check here if you do not wish for your child to be photographed or filmed and the photography be used in the media? _____

Parents Information:

Dad's Last Name: _____ First Name: _____ Cell: _____

Mom's Last Name: _____ First Name: _____ Cell: _____

Other Email Addresses (Please specify home/work/other) 1. _____ 2. _____

Select Uniform sizes.

Uniform Sizes: Jersey Size: XS YS YM YL AS AM AL AXL A2X A3X A4X A5X

Shorts Size: XS YS YM YL AS AM AL AXL A2X A3X A4X A5X

*******THE FOLLOWING MUST BE READ AND SIGNED FOR REGISTRATION TO BE VALID*******

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Ms Futbol Club, Ridgeland Parks & Rec Dept. and the Mississippi Rush, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports and in consideration for the Ms Futbol Club, Ridgeland Parks & Rec Dept. AND the Mississippi Rush accepting the registrant for its sports programs and activities (the programs), I hereby release, discharge and/or otherwise indemnify the Ms Futbol Club, Ridgeland Parks & Rec Dept. and the Mississippi Rush, its affiliated organizations and sponsors, their employees, 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. And, as the parent and legal guardian of the above named player, I hereby give my 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 are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent/Guardian: _____ **Date:** _____