

Monticello United Soccer Club Registration Form

Monticello United Soccer Club
P.O. Box 7214
Charlottesville, VA 22906
(434) 974-GOAL (4625)

NAME OF COACH:		TEAM FEE:		SEASON: FALL ____ SPRING ____	
LAST NAME:		FIRST NAME:		M.I.	NICKNAME:
STREET ADDRESS:		CITY:		STATE:	ZIP CODE:
MALE: ____ FEMALE ____		DATE OF BIRTH:		PRIMARY EMAIL ADDRESS:	
FATHER'S NAME:		WORK PHONE:		HOME PHONE:	CELL PHONE:
MOTHER'S NAME:		WORK PHONE:		HOME PHONE:	CELL PHONE:

please submit completed registration form and fee together

CONSENT TO PLAY & EMERGENCY MEDICAL TREATMENT AUTHORIZATION:

I, the parent of _____, hereby give my approval for his/her participation in Monticello United Soccer Club activities. I assume all risk and hazards incidental to such participation, including transportation to and from activities: and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Monticello United Soccer Club, and its representatives for any claim arising out of injury to my child, whether the result of negligence or for any other cause.

I will furnish a certified birth certificate for the above named child upon request by Club Officials. I authorize the coach, or a representative of Monticello United Soccer Club, to present my child, _____, for emergency medical treatment by a physician, surgeon or hospital licensed by the Commonwealth of Virginia.

Signed _____

Physician's Name _____ Phone _____ Ins. # _____

Medical Conditions/Allergies _____

OFFICE USE: Fee received Date Received Method of Payment