

# Junior Posse Registration



Miles City Youth Soccer Association  
 PO Box 551  
 Miles City, MT 59301  
[mcpossesoccer@gmail.com](mailto:mcpossesoccer@gmail.com)



To Be Completed by Club		
Age Group	Boys=B	Girls=G
<b>U-</b>		
Player Fee	Check #	
Received By	Date	

## Player Name (as it appears on the Birth Record)

Name (First, Middle, Last)		<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth
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Mailing Address	City	State	Zip Code
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Cell Phone	Secondary Phone	Email Address
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Coaches may prefer texting for quick communication of practice and game information, mark if okay to receive texts

## General Information

School	Grade	Soccer Experience	Jersey	Youth	Adult	
		<input type="checkbox"/> None <input type="checkbox"/> 1-3 Yrs <input type="checkbox"/> 3+Yrs <input type="checkbox"/> Travel		S M L XL	S M L XL	
Other Children in Family Presently Playing in Recreational	Name	Age	Name	Age	Name	Age

List any Medical Condition

## Parent/Contact Information (in order of priority)

Name	Cell Phone	Secondary Phone	Business Phone
Name	Cell Phone	Secondary Phone	Business Phone
Emergency Contact Name (other than above)	Primary Phone	Secondary Phone	Business Phone

### Important

I, the parent/guardian of the above-named player, a minor, agree that I and the player will abide by the rules and regulations of US Youth Soccer, it's affiliated organizations, and it's sponsors (US Youth Soccer "Parties"). In consideration of the player's participation in the soccer programs and activities of US Youth Soccer Parties (the Programs), I, for myself, the player, and our respective heirs, administrators, and successors, intending to be legally bound, hereby release and indemnify US Youth Soccer Parties, the owners and operators of the facilities used for the Programs, and their respective officers, directors, employees, agents, and representatives from and against all claims, liabilities, damages, or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program which transportation is hereby authorized.

I further grant US Youth Soccer Parties the right to use the player's name, picture and/or likeness in printed, broadcast, and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

### Consent for Medical Treatment

As the parent or legal guardian of the above-named player, I hereby give 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.

### MCYSA Requirements

Miles City Youth Soccer Association requires that all coaches and players must wear shinguards when playing and practicing soccer.

Signature of Parent/Guardian unless Player is 18 years old	Date
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### Volunteer Options

Detailed description on Volunteer Opportunities page  
 Your Support is Needed and Appreciated

- Coach (Junior Posse)
- Assistant Coach (Junior Posse)
- Referee
- Board Member
- Pre-Season Field & Ground Preparation
- Fund Raising
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### Volunteer (Please Print)

Name
Primary Phone <input type="checkbox"/> Mark if okay to receive texts
Email Address

Requests