



REGISTRATION

PLEASE PRINT

MALE

FEMALE

CHILD'S NAME _____ DATE OF BIRTH: _____

SELECT AGE GROUP CATEGORY (see age reference chart below): Division IV (U4-U7) U8 U9 U10
Select U11 U12 U13 U14 U15 U16 U17 U18

HOME ADDRESS: _____ ZIP: _____ AGE : _____

SCHOOL ATTENDING: _____ HOME TELEPHONE: _____

FATHER'S NAME: _____ WORK/CELL TELEPHONE:- _____

MOTHER'S NAME: _____ WORK/CELL TELEPHONE: _____

FATHER'S EMPLOYER: _____ MOTHER'S EMPLOYER: _____

E-MAIL ADDRESS: _____

ADDITIONAL E-MAIL ADDRESS: _____

****PARENTAL MEDICAL TREATMENT AUTHORIZATION****

I, the parent/guardian of the above named child who is registering to play with MSK, hereby give my approval to participate in any and all activities conducted in conjunction with MSK, regardless of location, including transportation to and from the activities. Other than those listed below my child has no physical or mental limitations or impairments and is currently taking no medication which I feel is important and should be disclosed to MSK.

(if none please indicate "None")

I know that participation in MSK activities has inherent risks and may result in serious injuries, and with knowledge of this I do hereby assume all risks and hazards incident to my participation in all Millennium Soccer Kids activities. I further waive, release, absolve, indemnify and agree to hold harmless MSK and its board of directors, the organizers, volunteers, sponsors, supervisors, officers, participants, coaches, referees as well as persons or parents transporting my child to or from such activities for any claims or injury sustained during my use of Millennium Soccer Kids facilities or participation in any Millennium Soccer Kids activity whether located on Millennium Soccer Kids property or not, arising out of any injury to my child whether the result of negligence or for any other cause.

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

In the event of injury or illness to my child, _____ (name of child), I hereby grant authority to a licensed medical doctor to render such medical treatment as said doctor deems necessary under the circumstances.

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

FAMILY PHYSICIAN: _____ ADDRESS _____

OFFICE TELEPHONE: _____

FAMILY DENTIST: _____ ADDRESS _____

OFFICE TELEPHONE: _____

FAMILY HOSPITALIZATION INSURANCE PLAN: _____ POLICY#: _____



To ensure team placement, complete the registration form and return it with your payment to the address below. Along with this registration, (*new players only*) please include copy of the child's birth certificate or passport no later than 6/30/2009. Registrations received after this date will be placed on teams as available.

Make checks payable to **Millennium Soccer Kids**
Separate checks for each child are appreciated.

COMMITMENT FEE

(see age reference chart below)

| | <u>Age</u> | <u>Fees</u> | <u>Yearly Fees</u> |
|--|------------|-------------|---------------------------|
| <input type="checkbox"/> Recreational Players | (U4-U7) | \$50.00 | \$170.00 |
| <input type="checkbox"/> Academy/Rec + Players | (U8-U10) | \$100.00 | \$450.00 |
| <input type="checkbox"/> Select Players | (U11-U18) | \$150.00 | <i>Base on Play Level</i> |

UNIFORM

All New Players (U8-U12) will receive two game jerseys, shorts, and socks; one training t-shirts.

Players are responsible for bringing their own shin guards, soccer ball, and water to all sessions.

Soccer Bags and additional training t-shirts are optional and can be purchase from Millennium Soccer Kids.

| | | | | |
|--------------------------|-------|------|------|------|
| Training T-Shirt: | YXS__ | YS__ | YM__ | YL__ |
| Uniform: | YXS__ | YS__ | YM__ | YL__ |

MSK IS ALWAYS IN NEED OF VOLUNTEERS

If you are interested in helping, please list preference below, and provide a **copy of your driver's license** when you register your child.

I can volunteer as:

Coach: _____ Assistant Coach: _____ Team Manager: _____ Field Preparation: _____ Trash Pick Up: _____ Goal Repair/Set Up _____

Preferred Practice Day/Time: _____

Email _____ Telephone: _____

Please Mail Check to:
Millennium Soccer Kids
17701 Kessler Dr.
Pflugerville, TX. 78660



AGE GROUPS

| Born | 2008-2009 | 2009-2010 | 2010-2011 |
|--------------------------------------|-----------|-----------|-----------|
| August 1, 1989 through July 31, 1990 | Under-19 | | |
| August 1, 1990 through July 31, 1991 | Under-18 | Under-19 | |
| August 1, 1991 through July 31, 1992 | Under-17 | Under-18 | Under-19 |
| August 1, 1992 through July 31, 1993 | Under-16 | Under-17 | Under-18 |
| August 1, 1993 through July 31, 1994 | Under-15 | Under-16 | Under-17 |
| August 1, 1994 through July 31, 1995 | Under-14 | Under-15 | Under-16 |
| August 1, 1995 through July 31, 1996 | Under-13 | Under-14 | Under-15 |
| August 1, 1996 through July 31, 1997 | Under-12 | Under-13 | Under-14 |
| August 1, 1997 through July 31, 1998 | Under-11 | Under-12 | Under-13 |
| August 1, 1998 through July 31, 1999 | Under-10 | Under-11 | Under-12 |
| August 1, 1999 through July 31, 2000 | Under-9 | Under-10 | Under-11 |
| August 1, 2000 through July 31, 2001 | Under-8 | Under-9 | Under-10 |
| August 1, 2001 through July 31, 2002 | Under-7 | Under-8 | Under-9 |
| August 1, 2002 through July 31, 2003 | Under-6 | Under-7 | Under-8 |
| August 1, 2003 through July 31, 2004 | Under-5 | Under-6 | Under-7 |
| August 1, 2004 through July 31, 2005 | | Under-5 | Under-6 |
| August 1, 2005 through July 31, 2006 | | | Under-5 |



PLAYER EXPECTATIONS

1. *Play according to the rules and spirit of the game.*
2. *Never say anything negative or show negative attitude towards another teammate.*
3. *Be respectful to my coaches, teammates, referees, spectators and opponents.*
4. *Attend all practice sessions. Training is twice per week for ninety minutes.*
5. *Arrive five minutes early to every training session.*
6. *Train and play to the best of your ability, have a positive attitude, and encourage others to do the same.*
7. *Bring a big water cooler, a soccer ball, and wear shin guards to all sessions.*
8. *Game matches - arrive 30 minutes prior to game kickoff to allow for proper warm up as a team.*
9. *Work on your own at home to improve ball control (soccer homework).*
10. *Wear proper uniform including shin guards for training and games:*
 - *Training – MSK t-shirt (to be provided), team navy blue shorts and socks.*
 - *Games – Bring both home and away jersey to every game.*
11. *Keep you head up in good times and bad times. Encourage your teammates in tough situations and praise them for their good work.*

I have read and understand the Player Expectations and agree to have a positive outlook during games and training sessions.

Name: _____ Signature: _____