

**MUFC**  
**Application to Play / Release of Liability / Medical Release**

**I. PLAYER INFO**

FIRST and Last NAME: \_\_\_\_\_

GENDER: M \_\_\_ F \_\_\_ DATE OF BIRTH(mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_ YEARS OF EXPERIENCE/CIRCLE IF PLAYED: REC \_\_\_ SELECT/TRAVEL  
\_\_\_\_\_ OTHER

**ACTIVITIES:** \_\_\_\_\_

\_\_\_\_\_ Please select and circle one: Travel Program Deposit \$ 175.00 Recreational Program \$  
60.00 Indoor Program \$ 75.00 **II. FAMILY**

MOTHER: \_\_\_\_\_ Home: \_\_\_\_\_

Cell PHONE: \_\_\_\_\_

FATHER: \_\_\_\_\_ Home PHONE: \_\_\_\_\_

Cell PHONE: \_\_\_\_\_

**III. EMERGENCY INFOEMERGENCY**

CONTACT: \_\_\_\_\_ RELATIONSHIP (to

player): \_\_\_\_\_ Home PHONE: \_\_\_\_\_ Cell

PHONE: \_\_\_\_\_ MEDICAL INFORMATION:

**IV: SPECIAL REQUESTS (playing with another player, particular coach is considered, not guaranteed.):** \_\_\_\_\_

\_\_\_\_\_ VII: DONATIONS Mechanicsville United FC-Sabers Soccer, "MUFC" is a not for profit organization. Please check the following box if you wish to make a donation toward equipment, facility, scholarships to help other players, or other club improvements. Add this amount to your total amount due. \$10.00 \_\_\_ \$25.00 \_\_\_ \$50.00 \_\_\_ \$100.00 \_\_\_ Other \_\_\_ VIII: VOLUNTEER MUFC participation of all parents in our program is deeply appreciated. Circle any other area(s) in which you would be willing to help. For more information contact: Club Members.

COACH ASST. COACH ADMINISTRATION Fundraising OTHER: \_\_\_\_\_

Name: \_\_\_\_\_

**MUFC-SABERS SOCCER USE ONLY**

FALL FEE: \$ \_\_\_\_\_ DONATION: \$ \_\_\_\_\_ FUNDRAISER: \$ \_\_\_\_\_ MERCHANDISE:

\$ \_\_\_\_\_ FALL TOTAL \$ \_\_\_\_\_ CASH/CHECK # \_\_\_\_\_ SPRING FEE: \$

\_\_\_\_\_ DONATION: \$ \_\_\_\_\_ LATE FEE: \$ \_\_\_\_\_ FUNDRAISER: \$ \_\_\_\_\_ MERCHANDISE:

\$ \_\_\_\_\_ SPRING TOTAL \$ \_\_\_\_\_ CASH/CHECK #

\_\_\_\_\_ MUFC AGE VERIFICATION MADE BY: \_\_\_\_\_ BIRTH CERTIFICATE OTHER

ID PRIOR VSLI PLAYER Pass

## Mechanicsville United FC-Sabers Soccer

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XI: CODE OF CONDUCT: I concur with MUFC's philosophy that all participants (players, coaches, parents, referees) be treated in a manner that is positive and promotes good sportsmanship. All players, parents and spectators are expected to act in a manner that promotes good sportsmanship during the game and practice sessions. Anyone not acting in such a manner will be requested to withdraw from MUFC-Sabers Soccer league with no refund. X. DISCLAIMER & RELEASE OF LIABILITY: I HEREBY GRANT PERMISSION FOR MY CHILD TO PLAY SOCCER FOR MECHANICSVILLE UNITED FC-SABERS SOCCER. AND HEREBY RELEASE, ANDEMNIFY AND HOLD HARMLESS FROM LIABILITY MECHANICSVILLE UNITED FC-SABERS SOCCER. AND THEIR COACHES, AGENTS, OPERATORS, OFFICIALS, OR PERSONNEL FOR LOSS OF, OR DAMAGE TO PERSONAL PROPERTY AND FOR PERSONAL, BODILY, MEDICAL OR DENTAL INJURIES OR DEATH OR EXPENSES INCURRED AS A RESULT OF ACCIDENTS SUSTAINED DURING PRACTICES, GAMES, CLINICS OR OTHER LEAGUE/TEAM SPONSORED ACTIVITIES. I AGREE TO ABIDE BY RULES & BYLAWS OF MECHANICSVILLE UNITED FC-SABERS SOCCER. I HEREBY CERTIFY THAT MY CHILD HAS NO KNOWN MEDICAL PROBLEMS, WHICH WOULD PRECLUDE PARTICIPATION IN TEAM SPORTS, AND THAT I HAVE IN FORCE AND EFFECT MEDICAL AND HOSPITAL INSURANCE TO COVER ANY EXPENSES FROM INJURIES AND ACCIDENTS. I UNDERSTAND THAT MECHANICSVILLE UNITED FC-SABERS SOCCER, IN THE EVENT THE ABOVE NAMED PLAYER IS INJURED AND REQUIRES MEDICAL ATTENTION, I AUTHORIZE ANY MECHANICSVILLE UNITED FC-SABERS SOCCER. OFFICIAL AND/OR THEIR COACHES, AGENTS, OPERATORS, TO ACT IN MY BEHALF TO AUTHORIZE MEDICAL TREATMENT AS MAY BE DEEMED NECESSARY IN MY ABSENCE. I CERTIFY THAT ALL INFORMATION GIVEN ABOVE IS CORRECT. I UNDERSTAND THIS IS A LEGAL DOCUMENT. BY SIGNING BELOW I GRANT PERMISSION FOR MECHANICSVILLE UNITED FC-SABERS SOCCER. TO PUBLISH PICTURES OF MY FAMILY ON THE LEAGUE'S WEBSITE OR IN THE LEAGUE'S PRESS RELEASES, PUBLICITY INFORMATION, OR NEWSLETTERS OR BULLENTINS. I UNDERSTAND THAT IF I GIVE NOTICE TO THE WEBMASTER OR TO THE BOARD THAT I OBJECT TO ANY PARTICULAR PICTURE ON THE WEBSITE, ETC. IT WILL BE REMOVED AS SOON AS POSSIBLE. XI. Consent & Waiver for Travel Registrations I recognize and understand that soccer is a sport involving risks not encountered in everyday play. With this understanding, in consideration of Mechanicsville United-Sabers Soccer. (MUFC) permitting my child to participate in the youth soccer program clinics, I covenant and agree to indemnify and hold harmless and do release, requite and forever discharge, MUFC, Virginia Soccer League, Inc. (VSLI), Virginia Youth Soccer Association (VYSA), United States Youth Soccer (USYS) and Hanover County Department of Parks, Recreation, New Kent County and their officers, Board of Directors, employees, coaches, referees and other such volunteers as are connected with MUFC, VSLI, VYSA, USYS, and Hanover County Department of Parks, Recreation, in any capacity, for any and all damages, claims, and/or liability arising out of any and all injury to or caused by my child. With the knowledge and understanding of the foregoing, this is to certify that my child has my permission to play in the MUFC program. All players signed shall be posted on the MUFC website (mechanicsvilleunited-saberssoccer.com). and players understand that they must complete a MUFC registration form and pay their registration fee (non-refundable after 30days) I hereby authorize any and all emergency medical treatment deemed necessary by any physician, nurse, or paramedic. A copy of this authorization shall be as effective as the original.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_