MISSISSIPPI RUSH JACKSON DIVISION
PO BOX 12783
JACKSON, MS 39236

REGISTRATION AND INTENT TO PARTICIPATE FOR 2017-2018 SEASON

THIS FORM IS FOR ANY 2006,2007 or 2008 JACKSON BASED TEAM

You have been invited to play for the **Mississippi Rush Jackson Division 1 soccer program**. Your completion of this form and your payment of the registration fee (**checks made payabe to JFC**) in the amount of **$120** indicates your acceptance of this invitation and your agreement to play for the team indicated below for the 2017-2018 soccer year (Fall 2017 **THROUGH** Spring 2018). Furthermore your **acceptance indicates your agreement to fufill all financial obligations to the team and club for the 2017-2018 season. Should you decide to not finish the full season, you will be responsible for any fees owed to the club and team for the remainder of the seasonal year.** In order to properly register you on a team you must provide the following information. Registration is not complete until all necessary forms are completed**. PLEASE PRINT CLEARLY**

PLAYERS NAME _____
First MI Last Suffix

ADDRESS _____
No PO Boxes Street City Zip Code

BIRTH YEAR _____ **GENDER: (FEMALE)** _____ **(MALE)** _____ **COACH** _____

HOME PHONE _____ **DATE OF BIRTH** _____

FATHER'S NAME _____ **WK/CELL** _____

MOTHER'S NAME _____ **WK/CELL** _____

FATHER'S EMAIL _____

MOTHER'S EMAIL _____

LIST ANY MEDICAL CONDITIONS OR PROHIBITION PLAYER HAS (USE BACK IF NECESSARY):

_____

EMERGENCY CONTACT _____ **PHONE** _____

DOCTOR TO NOTIFY IN CASE OF EMERGENCY _____**PHONE** _____

AGREEMENT, RELEASE AND CONSENT FOR MEDICAL TREATMENT

I, the parent/guardian of the registrant, a minor, agree that the registrant above as well as our family will abide by the rules of the US Youth Soccer, US Club Soccer, Jackson Futbol Club, Rush Soccer, MS Rush Soccer and their affiliated organizations and sponsors. Recognizing the possibility of physical injury assocaited with soccer and in consideration of the USYSA and US Club Soccer accepting the registrant for its soccer programs and activities ("the programs"), I hereby release, discharge and otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim on behalf of the registrant as a result of the registrants participation in the programs and/or being transported from the same, which transportation I authorize.

As the parent or 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 OR GUARDIAN _____**DATE** _____