



**Player Registration**  
**Complete ALL information**

\_\_\_ Fall Season (\$70.00) \_\_\_ Spring Season Returning (\$40.00) \_\_\_ Spring Season New Player (\$70.00)  
Please check one and include check

**Player:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph# \_\_\_\_\_ Gender: \_\_\_ Birthdate \_\_\_\_\_ Jersey Size \_\_\_\_\_ Short Size \_\_\_\_\_

Primary E-Mail: \_\_\_\_\_

Second E-Mail: \_\_\_\_\_

**Father:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

WK Ph# \_\_\_\_\_ Email \_\_\_\_\_ Cell Ph# \_\_\_\_\_

**Mother:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

WK Ph# \_\_\_\_\_ Email \_\_\_\_\_ Cell Ph# \_\_\_\_\_

Parents Volunteer to: (Check) Coach \_\_\_ Assistant Coach \_\_\_ Team Administration \_\_\_

**Medical Information and Emergency contact other than Parent**

Name \_\_\_\_\_ Ph# \_\_\_\_\_ Rel to Player \_\_\_\_\_

Doctor \_\_\_\_\_ Ph# \_\_\_\_\_ Notes \_\_\_\_\_

**Birth Certificate is required for all first time players.**

Please turn a copy in to your team coach or team mom

**PERMISSION AND RELEASE**

I hereby give my permission for the above named player to attend and participate in all related activities, including travel to and from such activities, sponsored by Horn Lake Soccer, an affiliate of USSF and/or US Club and to register the player with said affiliates.

I give my consent for medical care for the above player under any conditions deemed necessary by a licensed doctor or hospital for the well-being of the player, including travel to such licensed facility, and agree to be responsible financially for the reasonable cost of such assistance and/or treatment. I understand that the insurance coverage included as part of my registration fee is supplemental to my own coverage.

I give consent for my child's picture and player information to be reproduced and published for purposes of promotion for the association. I also agree to abide with and be bound by the constitution, rules, and bylaws of Horn Lake Soccer and its affiliates as a condition for the privilege of participation by the player in this program, and agree to waive any legal claim against those associated with these activities in the event the player is injured while participating in the program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

Complete and mail to:  
Horn Lake Soccer  
P.O. Box 483  
Horn Lake, MS 38637