



MSSL – Mid-Atlantic Soccer Showcase League
 11 Eleanor Drive - Kendall Park NJ 08824
 732-940-7302 / 973-644-0549

Med-Reg Form	
Proof of Birth	
Player ID #	

MSSL CLUB REGISTRATION CONFIRMATION

Club/Team Name _____ City _____ ST _____

I hereby consent to the above-named club registering me with USASA. I understand that I may be registered to only one USASA member team at a time.

Player's signature _____
Date

PLAYER'S INFORMATION

Name _____ DOB _____

Street Address _____

City _____ ST _____ ZIP _____

DRIVERS LICENSE NO# _____ ST _____

(Copy of license, birth certificate or passport must accompany application)

In an emergency, please contact the following:

Name _____ Phone #1 _____ Phone #2 _____
 Name _____ Phone #1 _____ Phone #2 _____

Allergies _____

Other Medical Conditions _____

Physician _____ PHONE _____

Medical/Hospital Insurance Company _____ Phone _____

Policy Holder's Name _____ Policy # _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION AND PLAYER RELEASE

I recognize that there is the possibility of physical injury associated with soccer as with all physical sports competitions and training, and that such physical injury can even result in permanent disability and death. I recognize and accept such risk of injury in order to participate in the activities being sponsored by MSSL (Mid-Atlantic Soccer Showcase League). I confirm that I am 18 years of age or older, have complete authority to speak on my own behalf as well as execute documents and releases on my own behalf, and that any documentation (or copies thereof) I supply MSSL and/or its participating members is authentic and genuine in all respects, including any information therein regarding date of birth. I further confirm that I am in good health, have received appropriate medical examination, and am physically capable of participating in all programs and activities. In consideration of MSSL and USASA, its affiliates and member organizations, accepting this registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify MSSL, USASA, their affiliates, member organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for these soccer programs and activities, against any claim by or on behalf of the registrant's participation in the programs and activities and/or any transportation to or from the same.

In the event of my incapacity from injury, I hereby authorize my team coaches and officials to obtain such emergency medical treatment as they deem necessary for my health and welfare.

I further confirm that I am an amateur athlete as defined by the regulations of USASA, the NCAA and any other relevant sports governing bodies, and that I will maintain such amateur status while participating in all MSSL programs and activities. I hereby release, discharge and /or otherwise indemnify MSSL, USASA, their affiliates, member organizations and sponsors, their employees and associated personnel, from any consequences or damages resulting from an adverse determination of amateur status in any form or manner.

Player Signature _____
Date