

VALLEY SOCCER LEAGUE REGISTRATION

Registration Ends: Friday, February 15th

Division	# of Players on the Field	Approximate # of Players per Team	Grades
U6	3 vs 3	6	Preschool and Kindergarten (Only)
U8	4 vs 4	6-8	1st & 2nd
U10	6 vs 6	8-10	3rd & 4th
U12	8 vs 8	10-14	5th & 6th

I am interested in coaching (please circle one) YES NO

Name of Child _____ Circle: M/F Current Grade _____

Parent Responsible for Child: _____

Address of Child: _____

Cell #1: _____ Cell #2: _____ Emergency #: _____

Fees (Select one)

\$20.00/Player (If you need a shirt. Must have the Rams maroon soccer shirt.)
Choose size: AL AM AS YL YM YS

\$10.00/Player (If you will be using the same maroon shirt from the previous soccer season.)

If the registration fee is a financial burden please contact a board member & the fee will be waived. This will be kept confidential. Toni Scott 882-3048, Mike Wooster 899-6619, Josh Koenigs 880-2466, Christa Blake 389-1619 and Andy Tirevold (720)375-3775.

Equipment:

- 1. Shin guards: Must be worn with socks covering them at games & practices.**
- 2. Soccer cleats: May be worn. Softball/Baseball cleats can not be worn for safety purposes!**

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT: In consideration of the participation of my child/children/ward in the MCYLA during the 2019 season, the undersigned hereby agrees to indemnify and hold harmless the MCYLA, its director, board, coaches, and all umpires/officials against all claims by the undersigned or anyone claiming through the undersigned or on behalf of my child/children/ward, arising out of all acts or decisions made by the MCYLA, director, board, coaches, and all umpires/officials including the cost of defense thereof.

Parents/Guardian Signature _____ Date _____

Any questions please email cdose@mvaoschool.org

Return form and fee to Mapleton Elementary Office or
Mapleton City Hall by February 15th, 2019.
(Please complete the medical consent form on back)

HEALTH AND INJURY INFORMATION CARD and CONSENT FOR MEDICAL TREATMENT FORM

(This form is to be completed and kept available for reference wherever competition takes place. Update medical information as necessary)

Student's Name (Last, First, MI) _____

Age _____ Grade _____ Date of Birth _____ Today's Date _____

Parent's/Guardian's Name _____

Student's Address _____

Parent's/Guardian's Home Phone Number _____

Father's/Guardian's Place of Work _____

Father's/Guardian's Work Phone Number _____

Mother's/Guardian's Place of Work _____

Mother's/Guardian's Work Phone Number _____

In an emergency, when parent's/guardian's cannot be notified, please contact:

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

Family Physician _____ Phone _____

Preferred Hospital _____ Phone _____

Family Dentist _____ Phone _____

Date of last tetanus booster: _____ (month/year)

Do you wear: Glasses ___yes ___no Contacts ___yes ___no Dentures ___yes ___no

List any known allergies, drug reactions, or other pertinent medical information. (Diabetes, seizures, history of head injury with unconsciousness or confusion, medications, etc.)

Please note and date any new injury information here _____

CONSENT FOR MEDICAL TREATMENT

Iowa law requires a parent's, or legal guardian's, written consent before their son or daughter can receive emergency treatment, unless, in the opinion of a physician, the treatment is necessary to prevent death or serious injury. As the parent(s), or legal guardian(s), of the child named on the front of this card, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand that this written consent is given in advance of any specific diagnosis or hospital care. This written authorization is granted only after a reasonable effort has been made to contact me (us).

Date

Parent's/Guardian's signature

Consent for Treatment endorsed by the Iowa Chapter of the American Academy of Emergency Physicians

Provided by THE IOWA HIGH SCHOOL ATHLETIC ASSOCIATION