

NORTH MUSKEGON SOCCER CLUB

www.nmscsoccer.com nmscsoccer@gmail.com

U5 to U8 due no later than August 31st

Player Name: _____ Date of Birth: _____

Address: _____ Age (as of Aug. 1, 2011): _____

Phone: _____ Cell: _____ Sex: Male or Female

Email: _____ *will be used for main communications*

Day player is unable to practice _____ *this is the only request considered*

Parent /Guardian Names: _____ Restrictions: _____

Emergency Contact: _____ Phone: _____

My child _____ has my permission to participate in the NMSC Soccer program. I understand and agree that the NMSC, its officers, coaches, and the City of North Muskegon shall be held harmless and not responsible for any injuries incurred in either on field or off field activities.

Signature: _____ Date: _____

Please circle the age group. One child per registration form please. Jersey Provided

- **U5** born between 2-1-07 and 8-1-08 6-8 players per team \$30.00
- **U6** born between 8-1-05 and 1-31-07 6-8 players per team \$30.00
- **U8** born between 8-1-03 and 7-31-05 11-14 players per team \$30.00

Make checks payable to NMSC. All forms and payment must be sent to:

NMSC
PO BOX 5308
North Muskegon, MI 49445

*******Coaches and Assistants Needed.*******

The number of teams depends on the number of Volunteer Coaches and Assistants. We cannot accept more players than we have coaches for and registration will close when teams reach full capacity. Please consider coaching this season!

Name: _____ Age Group: _____ Practice Day and Time: _____

If you are in need of financial assistance this season, please contact the club at nmscsoccer@gmail.com