-MADISON SOCCER ASSOCIATION -

PLAYER REGISTRATION FORM

-PLAYER SECTION-

Players Name:_____ _____
First Name Last Name

Players Social Security Number:_____-_____-_____

Street Address:_____

City:_____ Zip Code:_____

Date of Birth:_____ _____ _____
mo day year

Phone #:_____

Players Last Team Affiliation:_____ Season:_____

I, the undersigned player, will not hold my Team, Association or members of, MATC, or the City of Madison liable for any occurrences that may happen before, during, or after any MSA games or events.

Players Signature:_____ Date:_____

-MANAGER SECTION-

Current Team:_____ Current Division:_____

Team Manager Name:_____

Address:_____

City:_____ Zip Code:_____ Phone #:_____

I, the following undersigned manager, to the best of my knowledge agree that the above information is true.
I will not hold my Team, Association or members of, MATC, or the City of Madison liable for any occurrences that may happen before, during, or after any MSA games or events.

Managers Signature:_____ Date:_____