

VICKSBURG SOCCER ORGANIZATION

A VOLUNTEER ORGANIZATION

Fall Registration ENDS August 8, 2009!



Fee Schedule:

U6-U8: \$50

U10: \$60

U12-U19: \$70

TOPS soccer: \$20 Special needs children

U12 - U19 kids will play out of town games.

Registration fee includes 2 jerseys, shorts, socks, referee fees, MSA fees, administrative fees, field maintenance, and concession stand workers.

For more information visit VSO's website!

www.vsosoccer.org

VSO IS A VOLUNTEER BASED, PARENT DRIVEN ORGANIZATION.

We look forward to your help & support. Parents are the backbone of VSO.

Thank you in advance for your support.

PARENTAL SUPPORT

_____	Head Coach	_____	Referee
_____	Assistant Coach	_____	Tournament Volunteer
_____	Team Sponsor		

VICKSBURG SOCCER ORGANIZATION

P. O. Box 820457 Vicksburg, MS 39182-0457

Registration Form - Fall 2009

Last name First name MI Nickname

Street Address City State Zip

Phone number Male Female Birthday Age

Email address School

Father's name Phone Mother's name Phone

List any medical problem(s)

In Emergency notify - someone other than parent Phone

Doctor's name Phone

Agreement to Rules and Release

I, the parent/guardian of the registrant, a minor, agree that I and the registrant shall abide by the rules of Vicksburg Soccer Organization (VSO), its affiliated organizations, and sponsors. Recognizing the possibility of injury associated with soccer and in consideration for the VSO accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify VSO, if affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Consent for Minor Medical Treatment

As the parent/guardian of the above-names player, I hereby give my consent for emergency medical care prescribed by a duly Licensed Doctor of Medicine or Doctor of Dentistry. The care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

I also realize this is a binding agreement with VSO that the player has an obligation to complete their requirement as a registered member of VSO.

I, the undersigned parent, hereby give my permission to VSO to display pictures on VSO Web Page of my son/daughter. I understand that this is to recognize and celebrate participation and achievements of our athletes. I understand that it is VSO's policy to NOT IDENTIFY the persons in these pictures. YES _____ NO _____

Parent or Guardian Signature _____

JERSEY size (circle one) YS YM YL AS AM AI AXL AXXL

SHORT size YS YM YL AS AM AI AXL AXXL

VSO USE ONLY

Date Received _____ Under-_____ Team _____ ID # _____

Received by _____ Amount Paid \$ _____ Cash Check# _____