



**REGISTRATION**

**PLEASE PRINT**

MALE  FEMALE

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SELECT AGE GROUP CATEGORY (see age reference chart below): Division IV  (U4-U7)  U8  U9  U10  
Select  U11  U12  U13  U14  U15  U16  U17  U18

HOME ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_ AGE : \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_

FATHER'S / GUARDIAN'S NAME: \_\_\_\_\_ WORK/CELL TELEPHONE: \_\_\_\_\_

MOTHER'S / GUARDIAN'S NAME: \_\_\_\_\_ WORK/CELL TELEPHONE: \_\_\_\_\_

FATHER'S / GUARDIAN'S EMPLOYER: \_\_\_\_\_ MOTHER'S / GUARDIAN'S EMPLOYER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ADDITIONAL E-MAIL ADDRESS: \_\_\_\_\_

**\*\*PARENTAL MEDICAL TREATMENT AUTHORIZATION\*\***

I, the parent/guardian of the above named child who is registering to play with MSK, hereby give my approval to participate in any and all activities conducted in conjunction with MSK, regardless of location, including transportation to and from the activities. Other than those listed below my child has no physical or mental limitations or impairments and is currently taking no medication which I feel is important and should be disclosed to MSK.

\_\_\_\_\_  
(if none please indicate "None")

I know that participation in MSK activities has inherent risks and may result in serious injuries, and with knowledge of this I do hereby assume all risks and hazards incident to my participation in all Millennium Soccer Kids activities. I further waive, release, absolve, indemnify and agree to hold harmless MSK and its board of directors, the organizers, volunteers, sponsors, supervisors, officers, participants, coaches, referees as well as persons or parents transporting my child to or from such activities for any claims or injury sustained during my use of Millennium Soccer Kids facilities or participation in any Millennium Soccer Kids activity whether located on Millennium Soccer Kids property or not, arising out of any injury to my child whether the result of negligence or for any other cause.

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

In the event of injury or illness to my child, \_\_\_\_\_ (name of child), I hereby grant authority to a licensed medical doctor to render such medical treatment as said doctor deems necessary under the circumstances.

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ ADDRESS \_\_\_\_\_

OFFICE TELEPHONE: \_\_\_\_\_

FAMILY DENTIST: \_\_\_\_\_ ADDRESS \_\_\_\_\_

OFFICE TELEPHONE: \_\_\_\_\_

FAMILY HOSPITALIZATION INSURANCE PLAN: \_\_\_\_\_ POLICY#: \_\_\_\_\_

To ensure team placement, complete the registration form and return it with your payment to the address below, Along with this registration no later than 6/30/2010. Registrations received after this date will be placed on teams as available. Please include copy of the child's birth certificate or passport (new players only).

Make checks payable to:

**Millennium Soccer Kids**

**17701 Kessler Dr., Pflugerville, TX. 78660**

*Separate checks for each child* are appreciated



**COMMITMENT FEE** (see age reference chart below)

<u>Fees</u>	<u>Yearly Fees</u>	<u>Age</u>
[ ] Recreational Players	\$100.00	(U4-U7)
[ ] Academy/Rec + Players	\$300.00	(U8-U10)
[ ] Recreational Players DIII	\$300.00	(U11-U18)
[ ] Select Players DII	\$450.00	(U11-U18)
[ ] Select Players SII	\$550.00	(U11-U18)
[ ] Select Players DI	\$650.00	(U11-U18)

Payment	May 15 <sup>th</sup>	June 4th	July 2th	Agust 6th	Total
D1	\$ 150.00	\$ 150.00	\$ 150.00	\$ 200.00	\$650
SII	\$ 150.00	\$ 150.00	\$ 150.00	\$ 100.00	\$550
DII	\$ 150.00	\$ 150.00	\$ 150.00		\$450
DIII	\$ 150.00	\$ 150.00			\$300
Academy	\$ 150.00	\$ 150.00			\$300

**UNIFORM**

**All New Players** (U8-U18) will receive two game jerseys, shorts, and socks; one training t-shirts.  
 Players are responsible for bringing their own shin guards, soccer ball, and water to all sessions.  
 Soccer Bags and additional training t-shirts are optional and can be purchase from Millennium Soccer Kids.

<b>Training T-Shirt:</b>	YXS__	YS__	YM__	YL__
<b>Uniform:</b>	YXS__	YS__	YM__	YL__

**MSK IS ALWAYS IN NEED OF VOLUNTEERS**

If you are interested in helping, please list preference below, and provide a **copy of your driver's license** when you register your child.

**I can volunteer as:**

Coach: \_\_\_\_\_ Assistant Coach: \_\_\_\_\_ Team Manager: \_\_\_\_\_ Field Preparation: \_\_\_\_\_ Trash Pick Up: \_\_\_\_\_ Goal Repair/Set Up \_\_\_\_\_

Preferred Practice Day/Time: \_\_\_\_\_

Email \_\_\_\_\_ Telephone: \_\_\_\_\_

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## AGE GROUPS

### 2010 - 2011 SEASON AGE GROUP DETERMINATIONS

BIRTH YEAR →	COMPETITIVE - PREMIER, DIVISION I, SUPER II, DIVISION II OR RECREATIONAL DIVISION III										RECREATIONAL - DIVISION IV					
	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06
JANUARY	TOO OLD TO PLAY	U19	U18	U17	U16	U15	U14	U13	U12	U11	U10	U9	U8	U7	U6	U5
FEBRUARY		U19	U18	U17	U16	U15	U14	U13	U12	U11	U10	U9	U8	U7	U6	U5
MARCH		U19	U18	U17	U16	U15	U14	U13	U12	U11	U10	U9	U8	U7	U6	U5
APRIL		U19	U18	U17	U16	U15	U14	U13	U12	U11	U10	U9	U8	U7	U6	U5
MAY		U19	U18	U17	U16	U15	U14	U13	U12	U11	U10	U9	U8	U7	U6	U5
JUNE		U19	U18	U17	U16	U15	U14	U13	U12	U11	U10	U9	U8	U7	U6	U5
JULY		U19	U18	U17	U16	U15	U14	U13	U12	U11	U10	U9	U8	U7	U6	U5
AUGUST	U19	U18	U17	U16	U15	U14	U13	U12	U11	U10	U9	U8	U7	U6	U5	
SEPTEMBER	U19	U18	U17	U16	U15	U14	U13	U12	U11	U10	U9	U8	U7	U6	U5	
OCTOBER	U19	U18	U17	U16	U15	U14	U13	U12	U11	U10	U9	U8	U7	U6	U5	
NOVEMBER	U19	U18	U17	U16	U15	U14	U13	U12	U11	U10	U9	U8	U7	U6	U5	
DECEMBER	U19	U18	U17	U16	U15	U14	U13	U12	U11	U10	U9	U8	U7	U6	U5	

NOT OLD ENOUGH TO PLAY

**\*\*SOCCER YEAR RUNS FROM AUGUST 1<sup>ST</sup> THROUGH JULY 31<sup>ST</sup>**

PLAYERS BORN **ON OR AFTER** AUGUST 1<sup>ST</sup> USE THE NEXT YOUNGER SOCCER YEAR EXAMPLE: A PLAYER BORN IN OCTOBER '99 PLAYS UNDER 11 AND IS CALLED A 'U11' or '99'

TO DETERMINE "SOCCER" YEAR FOR A PLAYER - FIND THEIR ACTUAL BIRTH YEAR THEN BIRTH MONTH EXAMPLE: A PLAYER BORN IN MARCH '93 PLAYS UNDER 18 AND IS CALLED A 'U18' or '93'



## PLAYER EXPECTATIONS

1. *Play according to the rules and spirit of the game.*
2. *Never say anything negative or show negative attitude towards another teammate.*
3. *Be respectful to my coaches, teammates, referees, spectators and opponents.*
4. *Attend all practice sessions. Training is twice per week for ninety minutes.*
5. *Arrive five minutes early to every training session.*
6. *Train and play to the best of your ability, have a positive attitude, and encourage others to do the same.*
7. *Bring a big water cooler, a soccer ball, and wear shin guards to all sessions.*
8. *Game matches - arrive 30 minutes prior to game kickoff to allow for proper warm up as a team.*
9. *Work on your own at home to improve ball control (soccer homework).*
10. *Wear proper uniform including shin guards for training and games:*
  - *Training – MSK t-shirt (to be provided), team navy blue shorts and socks.*
  - *Games – Bring both home and away jersey to every game.*
11. *Keep your head up in good times and bad times. Encourage your teammates in tough situations and praise **them for their good work.***

*I have read and understand the Player Expectations and agree to have a positive outlook during games and training sessions.*

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Player Name: \_\_\_\_\_ Signature: \_\_\_\_\_