



Jackson Futbol Club
 Player Registration Form
 P.O. Box 12783
 Jackson, MS. 39236-2783
 JFC HOTLINE 601-956-6184



Please register online at www.JacksonFC.com, or complete and mail this form so that it will be received by JFC no later than August 17, 2011.

Age Group	Birthdate	Registration Fee
Under 4	Aug. 1, 2007 to July 31, 2008	\$85
Under 5	Aug. 1, 2006 to July 31, 2007	\$85
Under 6	Aug. 1, 2005 to July 31, 2006	\$85
Under 7	Aug. 1, 2004 to July 31, 2005	\$95
Under 8	Aug. 1, 2003 to July 31, 2004	\$95
Under 10	Aug. 1, 2001 to July 31, 2003	\$115
Under 12	Aug. 1, 1999 to July 31, 2001	\$115
Under 14	Aug. 1, 1997 to July 31, 1999	\$125
Under 16	Aug. 1, 1995 to July 31, 1997	\$125
Under 19	Aug. 1, 1992 to July 31, 1995	\$125

Player First Name	
Middle Initial	
Last Name	
Address	
Birthday	
Birth Certificate Number	
Gender	
Grade	
School	
Registration Fee	
Late Fee (\$30)	
Friends of JFC (\$25)	
Total Payment: \$	

UNIFORMS (Please Circle Correct Sizes)

Jersey Size: Adult XL L M S Youth L M S

FAMILY INFORMATION

Please complete the following information. The program attempts to keep current information about each player's family in order to provide a quality program for your young person.

FIRST NAME	LAST NAME	PREFERRED TELEPHONE NO.	EMPLOYER	EMAIL ADDRESS
Father _____				
Mother _____				

WILL YOU COACH A TEAM? YES NO

No experience required. We have some coaches who coached the first soccer game they ever saw. We will teach you how. We need coaches who are willing to spend some time with kids.

CAN WE USE STILL/VIDEO IMAGES OF YOUR CHILD PLAYING SOCCER TO PROMOTE JFC? YES NO

CONSENT TO PLAY AND MEDICAL RELEASE

I, the parent or legal guardian of the above named child, hereby represent that the child is in good health and can participate in competitive soccer. I hereby absolutely assume all risks and hazards incidental to such participation, including transportation to and from, and release, absolve, indemnify and hold harmless the Jackson Futbol Club, its Officers, employees, and all persons and entities associated with JFC from any and every claim, demand, action or right of action, whatever kind or nature, either in law or equity arising from or by reason of any injury known or unknown or death to my child or property damage whether the result of negligence or other cause. This agreement is given in consideration for my child's being allowed to participate in the afore-said soccer activities. I will furnish a birth certificate of my child upon request by JFC. In the event a parent/coach does not voluntarily step forward to coach the team to which my child is assigned, I do fully recognize and agree that JFC will not participate in the paying of a coach. Once properly rostered on a team, my child is bound to that team for the MSA seasonal year unless he/she is legitimately dropped, released, or transferred from the assigned team.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

MAIL TO: Jackson Futbol Club P.O. Box 12783 Jackson, MS 39236-2783