



MESI YOUTH SPORTS

SOCCER (K - 2nd grade)

BASKETBALL (4th - 5th grade)

Participant's Name _____ Gender: M F
 School _____ Grade _____ Age _____ DOB _____
 Seasons Played _____ T-shirt Size _____ Special Request: _____

Parent/Guardian Name: _____
 Address: _____ City _____ St: _____ Zip: _____
 Email: _____ Phone: _____

Emergency Contact: _____ Phone: _____
 Relationship: _____

We are always looking for volunteer coaches! If you are interested being a head or assistant coach please contact ASA Sports Staff 941-894-4903 or register online. All coaches will be background screened

Volunteer Head Coach Yes ___ No ___
 Name _____ Phone _____

For More Information Contact:

Coach Kenny Evans 941.894.4903
 Email: elitesports360@hotmail.com
 Website: www.asasports.siplay.com

Please mail payment with registration to :

ATTN: Coach Kenny Evans , MESI SPORTS
 1877 Northgate Blvd Suite 3 .
 Sarasota FL 34234

WAIVER: In consideration of the acceptance of this entry for my child, I hereby waive and release, M.E.S.I. Inc, coaches, staff, sponsors, volunteers, and any other persons associated with M.E.S.I. Inc Sports Leagues of all responsibility and liability of any nature whatsoever as it concerns any/all injuries, sickness, or dam-ages incurred from my child's participation. Further, I certify that my child is physically fit and capable of participating in the activities for which he/she has registered. I give my permission for the free and unrestricted use of my child's picture in any telecast, broadcast, or written account of this program. I acknowledge my email address will be used exclusively by M.E.S.I. Inc for the purpose of sharing related information regarding this or other programs and will not be shared with any other parties. **REFUND POLICY:** In the event that a child cannot participate in a league in which he/she has registered, Once a league has begun, no refund will be given. Please allow up to 30 days for refund processing. Additionally, I have read and agree to this Refund Policy.

Parent/Guardian Signature _____ Date: _____

FOR OFFICE USE ONLY: Date: _____ Amount Paid: _____ Check #: _____ Cash: _____ Receipt: _____