

2011 Lakeland Youth Soccer Association Registration Form

2011 - Player Information (Please print name clearly)

First Name _____ Last Name _____ Male/Female: _____

Player's Age on July 31st: _____ # of Years Played: _____
(Of this current year)

Parent / Legal Guardian's Name _____

Parent / Legal Guardian's Name _____

Address: _____ City/State: _____

Telephone #: _____ Cell Phone #: _____

Email Address: _____

Does your child have any allergies or special medical conditions the coach needs to be aware of? YES NO

Details: _____

Volunteers: (*You are what makes it work!! You're not paid, but you are priceless!!!*)

Coach ___ Asst. Coach ___ Field Maintenance ___ Referee ___ Team Parent ___ Opening Day ___

Uniforms: Uniform as a set (check sizes below) \$30 _____ or separate as follows:

Shirt (\$15) YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____

Short (\$10) YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____

Socks (\$5) Youth _____ Junior _____ Adult _____

Waivers

DURING THE SEASON, PHOTOGRAPHS OF THE PLAYERS AND TEAMS MAY BE TAKEN AND POSTED ON THE LEAGUE'S WEBSITE. PLEASE INDICATE BELOW IF WE HAVE YOUR PERMISSION TO TAKE PHOTOGRAPHS OF YOUR CHILD.

____ Yes, you have my permission to take photographs of my child and post them on the league website.

____ No, please do not take photographs of my child.

I HEREBY AGREE THAT THE SOCCER ASSOCIATION FOR YOUTH (SAY) ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND, WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF SAY, AND WE AGREE TO INDEMNIFY AND TO HOLD HARMLESS SAY, ITS MEMBERS, COACHES, OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.

ALSO,

I HEREBY AGREE THAT THE LAKELAND YOUTH SOCCER ASSOCIATION (LYSA) ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND, WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF DGR, AND WE AGREE TO INDEMNIFY AND TO HOLD HARMLESS DGR, ITS MEMBERS, COACHES, OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.

Parent or Legal Guardian Signature: ► _____ Date: _____

Note: All fees paid are non-refundable.

Soccer Club Use Only:

Division Assigned: _____

U6 Registration Fee \$35 (includes T-Shirt): \$ _____

Registration Fee U8 & Up \$45: \$ _____

Received By: _____

Uniform Total: \$ _____

Late Fee (\$10 after June 21st): \$ _____

Total Paid: \$ _____

Cash: _____ **Check #:** _____