



Lake Soccer Club

Spring 2012

Administration Only:			
U6		U8	
	U10		
U12		U14	

Player Information

Full Name: _____ Male Female
Last First

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Parent or Guardian Name: _____

Birth Date: _____ School Attending: _____

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

Consent for Emergency Medical Treatment

We the parents of _____, give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted

Emergency Contact Name: _____
Last First M.I.

Primary Phone: () _____ Alternate Phone: () _____

Does your child have any allergies or require any special medication? **YES NO**

If yes Please explain: _____

WE 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 DESIGNATED OF ANY KIND FROM ANY CLAIM WHATSOEVER.

Parent or Guardian Signature: _____ Date: _____
Registration must be signed and dated

Parents your help is needed, Please indicate below how you would be willing to help.

Head Coach Assistant Coach to: _____ Referee Volunteer

Single season fee of \$40.00 for the first child and \$35.00 for each additional child. There is a \$110.00 cap per family.
 Mail with payment to: Lake Soccer Club P.O. Box 464, Walbridge, Ohio 43465 (make checks payable to Lake Soccer Club)

*****U14 Teams may be CO-ED*****

Open Registration will be Thursday Feb. 15th @ the Millbury Fire Station from 6:00-8:00 p.m.

Deadline for the Spring Season is Feb. 15th
 You can now register online @ www.lakesoccer.net
 (any photos taken in a Lake Soccer Club uniform may be used for our website)

