

LOUISBURG SOCCER CLUB

PO Box 69, Louisburg, KS 66053-0069

Player Information:

Boy / Girl

NAME: _____ Birth Year/Age Group _____

Address: _____

Phone _____ Birthdate: MM ____ DD ____ YY _____

Premier Team Roster? Other teams playing on? Yes / No

Contact Information

Primary Contact: _____

Secondary Contact: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Text: Yes / No ?

Text: Yes / No ?

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Emergency Contact Information

Name: _____

Other than Parents

Phone: _____

Cell Phone: _____

Relationship: _____

2nd Emergency: _____

Age Group

Birth Year

Fee

U14	2004/2005	\$70
U12	2006/2007	\$70
U10	2008/2009	\$65
U8	2010/2011	\$65
U6	2012	\$50
U5	2013	\$50

Medical Conditions: _____

Jersey/Shirt size: _____

**** If signing up for a spring season, please list coaches name from fall, if applicable.**

Ball Sizes: U5-U8 Size 3, U10-U12 Size 4, U14-U19 Size 5

****Refunds will be given up until the first game. A \$25 Administration fee is non-refundable.**

VOLUNTEER OPPORTUNITIES

If you are interested in assisting us as a volunteer, Please indicate below.

- | | |
|--|--|
| <input type="checkbox"/> Head Coach | <input type="checkbox"/> Asst Coach with |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Referee |
| <input type="checkbox"/> Field Maintenance | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Tournaments | |

I, as the parent/guardian of the registered, minor player, agree to abide by the rules of the Kansas Youth Soccer Association (KYSA) and its affiliated members. Recognizing the possibility of injury associated with soccer, I hereby release, KYSA, Louisburg Soccer Club (LSC), and the City of Louisburg, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program. I authorize LSC to include players picture in printed materials or on the LSC website.

Check if you **DO NOT** wish LSC to use your child's picture in printed materials or on the LSC website.

Consent for Medical Treatment

As the parent/legal guardian of a minor participant in KYSA programs and LSC, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. The care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the player.

Signature

Date

Consent Information

FOR OFFICE USE ONLY

Birth Year _____

Age U5 U6 U8 U10 U12 U14 U19

Birth Certificate: Yes No Verified

Registration \$ _____

Discount \$5 (3rd Child) Cash \$ _____

Check Amount \$ _____ Check # _____

Date Accepted ____/____/____ Time: _____