

LOWELL YOUTH SOCCER CLUB

PLAYER REGISTRATION FORM

CLUB USE ONLY
DATE REG REC: _____
AMOUNT PAID: _____
CHECK # _____ CASH _____
B.C. _____ C.C. _____ PIC _____
UNIFORM _____

SEASON ___ FALL ___ SPRING

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

GENDER ___ M ___ F DATE OF BIRTH _____ GRADE _____

FATHER _____ HOME # _____ ALT # _____

MOTHER _____ HOME # _____ ALT # _____

GUARDIAN _____ HOME # _____ ALT # _____

AGE DIVISION

(To be filled out by Registrar)

___ Under 8 Division (U8)

___ Under 10 Division (U10)

___ Under 12 Division (U12)

___ Under 14 Division (U14)

(Or in 8th Grade)

SPECIAL REQUEST: _____

*There is no guarantee that special request will be honored. Lowell Youth Soccer will attempt to honor special request however this is not always possible.

EMERGENCY CONTACT

IN CASE OF AN EMERGENCY WHEN PARNT/GUARDIAN CANNOT BE REACHED, PLEASE CONTACT

NAME: _____ PHONE #: _____

PAST EXPERIENCE

PAST SOCCER EXPERIENCE _____

HAVE YOU PLAYED SOCCER FOR ANY CLUB/TEAM AFFILIATED WITH NORTHWEST INDIANA SOCCER LEAGUE?

YES _____ NO _____

IF YES, WHEN? _____

WAIVER

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 designates of any kind from any claim whatsoever.

I, the undersigned parent/guardian, do hereby release, discharge and waive any or all rights of action which I, my child, our successors, or connection with the Lowell Youth Soccer Club, at any time.

I am fully aware of the dangers that may be involved in participating in this athletic program. I am also aware that the coaches may not be able to individually supervise each child at every moment. I understand that by signing this waiver, I agree to give up the right to any lawsuit against Lowell Youth Soccer Club, any employee or agent thereof, or against any coach or Lowell Youth Soccer Club supervisor in the above described activities for any damages for injuries suffered by my child or myself which occur in the course of or results from the above described activities.

I, hereby state that I understand that the Lowell Youth Soccer Club does not provide medical insurance in the event my child is injured. I understand such insurance is my responsibility to attain, if so desired.

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 designates of any kind from any claim whatsoever.

THIS IS A LEGAL WAIVER

X _____