

LAFAYETTE SOCCER CLUB - JUNIOR BRONCHOS
REGISTRATION FORM-SPRING 2008

Return completed registration form & medical release form, a wallet sized photograph of player, a copy of both sides of your medical insurance card and fees. Players new to Lafayette Soccer Club will also need to send a copy of player's birth certificate. These items must all be returned by January 10, 2008 for the player to be eligible to play.

PLAYER'S NAME _____ PARENT'S EMAIL _____
ADDRESS _____ CITY _____
ZIP CODE _____ PHONE _____ DATE OF BIRTH _____
SCHOOL _____ GRADE _____ MOTHER'S BIRTHDAY (MM/DD) _____
MOTHER'S CELL NUMBER _____ FATHERS'S CELL NUMBER _____

CHECK LIST: (Please make sure all items below are returned)

- | | |
|---|--|
| 1. <input type="checkbox"/> Fees | 4. <input type="checkbox"/> Completed Medical Release Form |
| 2. <input type="checkbox"/> Completed Registration Form | 5. <input type="checkbox"/> Copy of both sides of Insurance Card |
| 3. <input type="checkbox"/> Wallet Size Photo | 6. <input type="checkbox"/> Copy of Birth Certificate (New player only) |

FEES ENCLOSED:

Registration (IYSL League Fee, referee fees and operating expenses) _____ \$ 95.00

Uniform (indicate sizes and put in appropriate amount from A or B below) _____

A. **New players** must order full uniform (sizes below) _____ \$ 38.00

B. **Returning players** calculate cost of uniform order _____

_____ red jersey \$19 (YL to AXL) _____ shorts \$10 (YM to AXL)

_____ socks \$3/pair(Int or Adult) _____ alt. jersey \$6 (AS to AXL)

Extra Socks (Optional) # _____ @ \$ 3.00/pr _____

Deduct the tryout deposit (amount indicated)

TOTAL Enclosed _____

MAKE CHECK PAYABLE TO: LAFAYETTE SOCCER CLUB

Forms must be returned by JANUARY 10, 2008

**To: Dawn Kelsey
311 Plateau Drive
Lafayette, Indiana 47909**

PARTICIPATION WAIVER

I hereby give my permission for _____ to participate as a member of the Lafayette Soccer Club. I further certify that _____ is in good physical condition as required by the United States Youth Soccer Association. I understand that the Lafayette Soccer Club carries no health or accident insurance. I agree not to hold the Lafayette Soccer Club, its board, its coaches or referees responsible for injuries occurring during or enroute to practice or games. Furthermore, I agree not to hold the Central Indiana Youth Soccer League, Suburban League, or any of their agents responsible for any injuries received in conjunction with participation in the program.

PARENT'S SIGNATURE _____ DATE _____