

LEICESTER SOCCER CLUB

www.leicestersoccer.com

(A nonprofit organization)

SPRING 2010 SIGN-UPS U10-U16

Tuesday November 3, 2009
5:30pm to 7pm - Town Hall

Tuesday November 10, 2009
5:30pm to 7pm - Town Hall

Fill out ONE FORM PER CHILD. A check made out to **Leicester Soccer Club** along with this completed form may be brought to either sign-up night OR mailed to **PO Box 445 Rochdale, MA 01542**. **All new players must have a copy of their birth certificate**. Mailed in birth certificates will be returned by the coach at practice. Registration forms are only accepted at sign-up nights or mailed to the PO Box.

FEE: \$50.00 per child for the first two children and \$10.00 for each additional child per family.
LATE FEE: \$25.00 per child for all sign-ups received after January 2, 2010
UNIFORM FEE: \$15.00 per child (required for **new/replacement uniforms only!**)

Due to league deadlines, we cannot guarantee placement of any child registered after the deadline.

PLEASE PRINT

LAST NAME: _____ **FIRST NAME:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____

ZIP CODE: _____ **PHONE:** _____ **EMAIL:** _____

PLAYER DATE OF BIRTH: _____ **PLAYER GENDER :** Male | Female (circle one)

AGE GROUP: U10 [] DOB 9/1/99-8/31/01 U12 [] DOB 9/1/97-8/31/99 U14 [] DOB 9/1/95-8/31/97
U16 [] DOB 9/1/93-831/95 U18 [] DOB 9/1/91-8/31/93

PARENT/ GUARDIAN: _____ **PHONE:** _____

OTHER PARENT/ GUARDIAN: _____ **PHONE:** _____

EMERGENCY CONTACT: _____ **PHONE:** _____

DOCTOR TO NOTIFY: _____ **PHONE:** _____

MEDICAL ISSUES: _____

UNIFORM SIZE IF REQUIRED: SMALL [] MEDIUM [] LARGE [] X-LARGE []
(All uniforms cost \$15.00 and are kept by the player until a replacement uniform is needed)

CONSENT FOR MEDICAL TREATMENT (MINOR) AND USYSA DISCLAIMER

As parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent. I, the parent/ guardian of the minor agree that I and the minor will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associates with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/ or otherwise indemnify the USYSA, its affiliated organizations and sponsor, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/ or being transported to or from the same, which transportation I hereby authorize.

[] If you do not check this box the Leicester Soccer Club has your permission to use photos of your child on the Leicester Soccer Club website and possible literature handed out to Club participants.

IF AVAILABLE TO COACH or ASSISTANT COACH (enter name): _____

SIGNATURE _____ **AMT. PAID** _____ **CHECK#** _____