LASC Futsal 2011 - 2012

PLAYER REGISTRATION AND MEDICAL RELEASE

Please fill out the form below. Return it with your check payable to Little Apple Soccer Club (LASC) by November 18, 2010 to:

Dave Parker
1431 Cambridge Place Apt 24
Manhattan, KS 66502

Information must be complete and payment received from ALL players before player is eligible to play.

Player name: _____ Birthdate: ___/____/_____ Age:____

Address: _____ City: _____ State: ____ Zip: _____

E-mail _____ Home Tel. (___)_____ Cell Phone: (_____)_____

Daytime Phone (_____)_____

Parents/Guardians - please complete if player is not an adult. List all emails you would like us to use as this is the primary communication.

Father/Guardian: _____ Home Tel. (_____) _____ Work Tel. (_____)_____

E-mail _____ Cell (_____)_____

Mother/Guardian: _____ Home Tel. (_____) _____ Work Tel. (___)_____

E-mail_____

Important Note:

This waiver / release must be notarized for all players under 18 participating in the adult division.

T-Shirt Size (circle one): YS YM YL AS AM AL AXL AXXL

____ $55 per Carded USYSA Player

____ $68 per non carded USYSA player in the U8 – U19 divisions.

____ $60 per Adult Player

_____ Amount Included (make check payable to LASC – price includes T Shirt)

Volunteers are needed!!!

____ I would like to volunteer around/during my child's games to help set up and tear down the goals and to help supervise the gym during that time. Name: _____

Emergency information (in case parents/guardians cannot be reached):

Name: _____ Telephone: (_____)_____

Medical/Insurance information:

Allergies/Medical conditions: _____

Player's physician: _____ Phone: (_____)_____

Medical Insurance provider: _____

Policy holder: _____ Policy number: _____

Approval for Treatment, and Medical Release:

In recognition of the possibility of physical injury associated with Futsal and in consideration for the Little Apple Soccer Club (LASC) and its affiliates accepting the registrant for its Futsal programs and activities (hereinafter, the "Programs"), I hereby release, discharge and/or otherwise indemnify LASC, its affiliated organizations and sponsors, its employees and associated personnel, including the owners of premises upon which the Programs are held, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs.

My child/I, identified above, has/have received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give consent to have a doctor of medicine or dentistry, or licensed nurse or emergency technician provide my child/me with medical assistance and/or treatment in an emergency and agree to be financially responsible for the reasonable cost of such assistance and/or treatment.

_____ _____ _____ _____

Notary Public Date Parent/Guardian/Adult Date

Notary Seal