

LGSC



Lawrenceburg-Greendale Soccer Club

Fees: \$40 each until 4/30/2008, Family Max \$110

\$50 each after 5/1/2008, Family Max \$140

REFUNDS will not be honored unless we are unable to place your child on a team.

Registrations Received after June 1st may be placed on a "Waiting List"

Age as of 7/31/08 _____ Date of Birth _____

Male _____ Female _____ Is this your child's first year to play soccer? Yes _____ No _____

_____ Lollipops (4 & 5) _____ Passers (6 & 7) _____ Wings (8 & 9) _____ Strikers (10 & 11) _____ Kickers (12 & 13)

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Mother's Name _____ Cell Phone Number_(____) _____

Father's Name _____ Cell Phone Number_(____) _____

Person to notify in case of an emergency (Other than parent listed above)

Name _____ Relationship _____ Phone Number _____

Doctors Name _____ Phone Number _____

Medical Conditions and Allergy Notes _____

I understand that a copy of the child's BIRTH CERTIFICATE must be furnished to LGSC before the child will be able to participate in any SAY sporting events. I agree that I want my child to play SAY soccer and will make arrangements to have him/her at practices and games. I 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. **Parents Signature** _____ **Date** _____

Shirt Size: YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___

Does your child need Socks? ___ No Thanks ___ Yes, please circle a size **S**(5-7) **M**(7-9) **L**(9-11)

If your child played with LGSC last year, who was the coach? _____

If given the chance, does your child want to have this same coach? ___ No ___ Yes

All coaches must complete a background check and take the SAY Certification Course. Are you interested in Coaching? Yes / No

Coaching Position: ___ Head Coach ___ Assistant Coach Name _____ Phone _____

I am willing to help out in the following areas: Refereeing _____ Concession Stand _____ Fields _____ Board Member _____

Teams will be asked to provide workers for the concession stand if we do not get enough volunteers.

Registrations may be mailed to: Stephanie Nutley, 911 Hillside Drive, Greendale, IN 47025

Date Paid _____ Amount Paid _____ Check # _____ Cash _____ Birth Certif. _____ Rec'd By _____