

# LYSA REC. SOCCER REGISTRATION FORM

Player's Name: \_\_\_\_\_ M \_\_\_ F \_\_\_

Address: \_\_\_\_\_

DOB(mm/dd/yyyy): \_\_\_\_\_ Phone: \_\_\_\_\_

Player's Academic Grade in Fall 2016: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Shirt Size: Youth: XS \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ Adult: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

Short Size: Youth: XXS \_\_\_ XS \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ Adult: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

Sock Size: Youth: \_\_\_ Regular: \_\_\_ Large: \_\_\_

Special Request: \_\_\_\_\_

## WE ALSO NEED PARENTS TO PARTICIPATE!

Please indicate which of the following areas you would be willing to help:

Coach \_\_\_ Assist. Coach \_\_\_ Referee \_\_\_ Field Maintenance \_\_\_ Team Sponsor \_\_\_

Sponsor Name & Number \_\_\_\_\_

### ACKNOWLEDGEMENT OF RISK AND WAIVER OF CLAIMS

As a participant of this program, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages or loss which may be sustained as a result of participating in any and all activities connected or associated with said program.

I agree to waive and relinquish all claims I may have as result of participating in the program against the Litchfield Youth Soccer Association and its officers, agents, servants and employees.

I do hereby fully release and discharge the Litchfield Youth Soccer Association and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which may accrue to me on account of my participation in the program.

I further agree to indemnify and hold harmless and defend the Litchfield Youth Soccer Association and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with or in any way associated with the activities of the program.

**I have read and fully understand the above information.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

Print Name Also: \_\_\_\_\_

### \_\_\_\_\_ Soccer Board Use Only \_\_\_\_\_

Registration Fee Received \_\_\_\_\_  
(\$60 per Child)

Check No. \_\_\_\_\_ Cash \_\_\_\_\_

Acknowledgement/Waiver Signed \_\_\_\_\_ (LYSA Committee Member)

LYSA Website: <http://www.litchfieldsoccer.org/>

LYSA Facebook Page: [https://www.facebook.com/Litchfield-Youth-Soccer-Association-100384050053025/?ref=aymt\\_homepage\\_panel](https://www.facebook.com/Litchfield-Youth-Soccer-Association-100384050053025/?ref=aymt_homepage_panel)  
(Like LYSA)