



Longwood Youth Sports Associations Soccer Registration Form

Soccer Program: _____ Date: _____

Player Information

Name: _____
DOB: _____ Male: _____ Female: _____
Street: _____
Town: _____ ST: _____ Zip: _____
Phone#: _____
Experience? Y/N If yes, years played _____

Parent/Guardian Information

Name: _____
Address (if different): _____
Town: _____ ST: _____ Zip: _____
Email: _____
Emergency Phone#: _____
Sibling playing: Y/N _____

Winter Soccer Only – T-shirt size _____

Comments: _____

Volunteer: Coach _____ Asst. Coach _____ Team Parent _____ Committee Member _____

LYSA is a non-profit organization that needs everyone's help to be successful. We welcome anyone who wishes to be involved.

I/We, the parent(s)/guardian(s) of the above named child, hereby give my/our consent for participation in the above named activity and do claim that he/she is in excellent physical condition to participate in said activity. Furthermore, I/We, the parent(s)/guardian(s) of the above named candidate for a position on a league team hereby give my/our approval to his/her participation in all league activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Longwood Youth Sports Association Inc., the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities, for any claim arising out of any injury to my child, except to the extent and in the amount covered by accidental or liability insurance.

Parent(s)/Guardian(s) Name: _____ Date: _____

Parent(s)/Guardian(s) Signature: _____

Registration and Insurance Fees are Non-Refundable

Payment Information: LEAGUE USE ONLY

Registration Fee: _____ Payment: Cash _____ Check #: _____ To be Paid: _____

Received by: _____

White -Registrar Yellow – Coordinator Pink – Treasurer Gold - Player