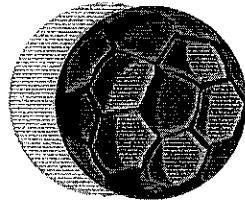


LITTLETON YOUTH SOCCER LEAGUE

Registration Form



CIRCLE THE GRADE YOUR CHILD IS
ENTERING:

GRADE: K 1 2 3 4 5 6

Child's Last Name: _____ Father's Name: _____
 Child's First Name: _____ Mother's Name: _____
 Date of Birth: _____ Age: _____ School: _____
 Mailing Address: _____ Male Female
 Town: _____ Home Phone: _____
 State: _____ Zip: _____ Work Phone: _____
 Email (Parent): _____
 Child's Doctor: _____ Emergency Phone: _____
 Family Insurance Co: _____ Policy Number: _____
 Allergies, Medications or Special Conditions: _____

HOLD HARMLESS AGREEMENT

WE, THE UNDERSIGNED (PARTICIPANT, PARENT AND OR GUARDIAN) HEREBY ACKNOWLEDGE THAT SOCCER CAN BE A DANGEROUS SPORT FOR THE PARTICIPANT. INJURIES MAY OCCUR AS A RESULT OF THE PARTICIPANTS AND/OR FIELD CONDITIONS. WE HOLD HARMLESS THE LITTLETON YOUTH SOCCER ORGANIZERS, OFFICIALS, SPONSORS, THE TOWN OF LITTLETON AND FELLOW PARTICIPANTS FROM ANY CLAIMS OR DAMAGES RESULTING FROM INJURIES WHILE PARTICIPATING IN AN ORGANIZED AND SUPERVISED SOCCER ACTIVITY.

READ AND ACCEPTED:

DATE: _____

READ AND ACCEPTED:

DATE: _____

PARENT OR GUARDIAN PLEASE SIGN

CHILD PLEASE SIGN

*NOTE: LITTLETON YOUTH SOCCER LEAGUE OFFICIALS RECOMMEND EACH CHILD BRING SOCCER CLEATS, SHIN GUARDS, MOUTH GUARD AND WATER TO EACH PRACTICE AND EACH SCHEDULED GAME.

CONSENT FOR MEDICAL TREATMENT OF A MINOR

AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE CHILD, I HEREBY GIVE MY CONSENT FOR EMERGENCY MEDICAL CARE PROVIDED BY LICENSED EMERGENCY MEDICAL TECHNICIANS AND/OR PRESCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE OR DOCTOR OF DENTISTRY. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB, OR WELL BEING OF MY DEPENDENT.

SIGNATURE OF PARENT OR GUARDIAN

PARENTAL SUPPORT

CHECK AREA(S) YOU WILL BE ABLE TO HELP:

- HEAD COACH FIELD PREP TRANSPORTATION
 ASST. COACH TIMEKEEPER REFEREE

**IN THE SPACE BELOW, PLEASE PRINT THE
NAME OF THE TEAM YOU PLAYED ON LAST
SEASON, IF APPLICABLE:**

LAST YEAR'S TEAM NAME

REGISTRATION FEE:

\$35 - 1ST CHILD \$20 - EA. ADD'L CHILD

TOTAL AMOUNT: \$ _____

PAID CASH CHECK # _____

DATE: _____

REC'D BY: _____

PLEASE MAKE CHECKS PAYABLE TO:
LITTLETON YOUTH SOCCER LEAGUE (LYSL)

Please Circle Child's Shirt Size:

Youth: Small Med Large X-Large

Adult: Small Med Large X-Large