



# Adult Co-Rec Soccer Registration-Fall 2008

**INSTRUCTIONS:** Register one (1) player per form. Please print. Upon completion, place registration form(s) and non-refundable fee to Troy Sundermann 3075 Losey Rd., Pleasant Lk, Michigan, 49272. **Make checks payable to LYSC. Please do not send cash. Registration deadline is August 14, 2008.** Games start September 6<sup>th</sup> and will be every Saturday at 4pm (*if day/time changes you will be notified by your team captain or designee*). Forms postmarked or received after the deadline **MUST** include a \$10.00 late fee per player. Late registrants will be placed on a waiting list with no guarantee of placement as team sizes and the numbers of teams are limited! Club fees are \$15.00 for the first player and \$10.00 for each additional family member thereafter. Drop in players (*i.e., those who show up to play without previously being registered*) shall be subject to a nominal fee of \$5.00 per game; payment due prior to game time. **Players under the age of 18 must have a signed Parental "Release of Liability and Waiver Statement" and be granted permission by the Adult Co-Rec Commissioner (or designee) to participate.** Note: *Completion and submittal of registration form does NOT constitute permission from the Adult Co-Rec Commissioner (or designee).* LYSC does not discriminate against any individual on the basis of race, color, religion, age, gender, sexual orientation, or national origin. Club sponsorships may be available, on a case-by-case basis, to sponsor a player who would otherwise not be able to play soccer. For more information, call Troy Sundermann at (517) 569-2331.

### PLAYER INFORMATION

PLAYER NAME	HOME ☎	CELL ☎	GENDER (male or female)
HOME ADDRESS		AGE	DATE OF BIRTH
CITY/STATE/ZIP	EMAIL ADDRESS	EXPERIENCE LEVEL <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	

### PARENT/GUARDIAN OR EMERGENCY CONTACT INFORMATION

PARENT/GUARDIAN OR EMERGENCY CONTACT NAME(S)	HOME ☎	RELATIONSHIP
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### PROGRAM INFORMATION

Youth teams are typically limited to fourteen (14) players, whereas co-rec adult teams are limited to eight (12) players. **Proof of age may be required.** Players should be in good health with no physical impairment(s) restricting their ability to practice, compete, and/or play soccer. Related-medical conditions to include allergies to foods, grass, insects, or medications must be made known at the time of registration. LYSC does not provide medical insurance for players. Every player should be insured for medical expenses arising from accidental injury, illness, or death through a policy that he or his family currently has in force and which will cover his/her participation in this sports program. All players, parents/guardians, or other person(s) are required to abide by the club's code of ethics. Players, parents/guardians, or other person(s) are encouraged to communicate concerns to coaching personnel prior to seeking LYSC Board involvement. **Shin guards and gym shoes or soccer cleats are required.**

### MEDICAL CONDITIONS/ALLERGIES

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### RELEASE OF LIABILITY AND WAIVER STATEMENT

By enrolling in LYSC's youth soccer program or adult co-rec league, I, the undersigned player or parent/guardian of such player, understand that by attending any soccer activity, event, or using the facilities does so at his/her/my own risk. I hereby fully and forever release, waive, discharge and agree to hold harmless the LYSC, its volunteer board, coaches, referees, the Leslie Public Schools, the City of Leslie, Leslie Township, White Pine Academy, and other affiliated organizations and their owners, officers, employees, and volunteers from all caused or alleged damages, demands, and losses arising from personal injury or sustained property loss. I further acknowledge and understand that all players or their parents/guardians will assume all foregoing risks and accept personal responsibility for the damages following such injury, disability, or death. I certify that the above-mentioned player is in good health and is able to participate in the program, its practices, scrimmages, games, and other related activities or events. In the event of injury or illness, I hereby assume the health responsibility for such player and do hereby grant authority to the LYSC to render judgement concerning medical assistance or hospital care in the event of an accident or illness occurring during my absence. I hereby authorize LYSC and its designees to utilize all photographs, pictures, or other likeness' they deem appropriate in its promotional materials.

\_\_\_\_\_  
Signature (parent/guardian MUST sign if under 18)

\_\_\_\_\_  
Date

### VOLUNTEER OPPORTUNITIES

I am available to:

<input type="checkbox"/> Assist with fundraising/special events	<input type="checkbox"/> Coordinate equipment and fields
<input type="checkbox"/> Assist with registration efforts	<input type="checkbox"/> Coordinate the end-of-the season awards ceremony (youth only)
<input type="checkbox"/> Coach or be an assistant coach	<input type="checkbox"/> Other:

### PAYMENT INFORMATION AND TEAM PREFERENCES

Amount Enclosed: \_\_\_\_\_  Cash  Check Check #: \_\_\_\_\_  
 Name of individual, family member, or team to be paired with (if applicable): \_\_\_\_\_