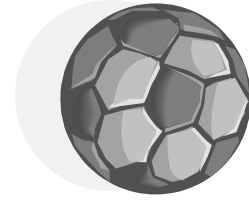


Litchfield Youth Soccer League Recreation REGISTRATION



Registration deadline for the fall/spring seasons are:
August 28, 2010 and April 9, 2011

Mail completed registration forms with check payable to LYSL to:
LYSL Registrar, 6 Lilac Court, Litchfield, NH 03052

Recreation player fees: \$45.00 per player, maximum \$115.00 per family. Please complete one form for each player.

PLAYER INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Street: _____ City/Town: _____ Zip: _____

Phone: _____ DOB: _____ Gender _____ Age: _____ *

*Pursuant to the State of New Hampshire Soccer Association all players must be a minimum of age 4 by September 30, 2010. Due to safety reasons there are no exceptions. All Travel players will adhere to the Granite State Youth Soccer League age brackets and may be required to complete a GSYSL registration form.

Please check one:

Instructional _____	4v4 _____	6v6 _____	Senior _____
Player's Birth date (10/01/04 – 9/30/06)	(10/01/02 – 9/30/04)	(10/01/99 – 9/30/02)	(before 10/01/99)

Parent's Name: _____ Phone: _____ E-mail: _____

Parent's Name: _____ Phone: _____ E-mail: _____

Emergency contact: _____ Phone: _____

Physician contact: _____ Phone: _____

LYSL Release: I, the parent/guardian of the player, a minor, agree that the registrant and I will abide by the rules and regulations of the LYSL. Recognizing the possibility of physical injury associated with soccer participation and in consideration for the LYSL accepting the registrant for its soccer program and activities ("the program"), I hereby release, discharge and/or otherwise indemnify the LYSL including its officers, referees, coaches, assistants, and other volunteer personnel as well as the owners of the fields, facilities used by the program, against any claim by or on behalf of the registrant as result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize:

Parent/Guardian (print): _____ Signature: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT (MINOR) As parent of Legal Guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatsoever conditions as may be necessary to preserve life, limb, or well being of my player.

Parent/Guardian (print): _____ Signature: _____ Date: _____

WE NEED YOUR HELP!! No experience necessary – just a willingness to help.

Without parent/coach volunteers, LYSL may be unable to have as many teams as needed. Yes!!! I can volunteer:
Coach _____ Asst. Coach _____ Team Parent _____ Field Improvements _____