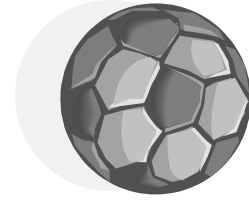


Litchfield Youth Soccer League Summer Soccer



FREE soccer for all LYSL Fall 2009 and/or Spring 2010 players that are 6 years old or older before or on 7/31/2009:

Where: Innes Field (Brickyard Drive)

**When: Tuesdays and Thursdays
6:00 pm – 7:30 pm
July 13, 2010 through August 12, 2010**

Please complete one form for each player.

PLAYER INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Street: _____ City/Town: _____ Zip: _____

DOB: _____ (must be born before or on 7/31/2003)

Check the league the player was registered for during the Fall 2009 and/or Spring 2010 seasons:

Travel ___ Instructional ___ 4v4 ___ 6v6 ___ Senior ___

PARENT / GUARDIAN INFORMATION:

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: _____