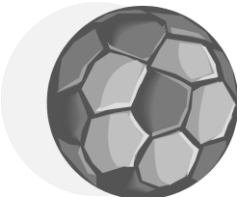
# Litchfield Youth Soccer League
# Summer Soccer



**FREE soccer for all LYSL Fall 2012 and/or Spring 2013 players that are 7 years old or older:**

**Where: Litchfield Park at Sawmill Brook (Cougar Way)**

**When: Tuesdays and Thursdays**
**6:00 pm – 7:30 pm**
**July 9, 2013 through August 8, 2013**

**Please complete one form for each player.**

**PLAYER INFORMATION:**

Last Name:_____ First Name:_____ MI:_____

Street:_____ City/Town:_____ Zip:_____

DOB:_____ (must be born on or before 7/31/2006)

Check the league the player was registered for during the Fall 2012 and/or Spring 2013 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:_____**

**www.litchfieldyouthsoccer.com**