



2010 Le Sueur Soccer Club Registration Form

Player's Last Name _____ First _____ M.I. _____

Gender _____ Birth Date _____ Age Group _____ Shirt Size _____

Player's Address _____
(street) (city) (state) (zip)

Home Phone _____ Parent Cell Phone _____

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Le Sueur Soccer is a volunteer run program and we need your help! Please sign-up to share your time in the following positions:

Head Coach _____ Assistant Coach _____

Team Parent _____ Referee _____

Fee Summary: Rec/Rec Plus Teams; U6-U10 Competitive Teams (C3) U12, U14 & U16

U6 (4, 5 & 6) \$25 \$ _____ Includes 1 t-shirt & socks
U8 (7 & 8) \$40 \$ _____ Includes 1 t-shirt & socks
U10 (9 & 10) \$65 \$ _____ Includes 2 t-shirts, socks & shorts
U12 (11 & 12) \$90 \$ _____ Includes socks & shorts \$30.00 C3 Jersey Deposit \$ _____
U14 (13 & 14) \$90 \$ _____ Includes socks & shorts \$30.00 C3 Jersey Deposit \$ _____
U16 (15 & 16) \$90 \$ _____ Includes socks & shorts \$30.00 C3 Jersey Deposit \$ _____
Late Registration Fee (\$10) _____ (if after March 6, 2010)

Player's age as of August 1st, 2010 determines the level they will play

Socks Size (circle one): Y: 6-8, R: 8.5-11, K: 10-13

Short Size - U10, U12, U14 & U16 ONLY

(circle one) : Youth Sizes S, M, L, XL or Adult Sizes: S, M, L

PLEASE COMPLETE BACK SIDE OF THIS FORM

There will be a \$20 refund for all returned competitive jerseys (C3) at the end of the season.

Program Fee Refund Policy: All refunds will be accessed a \$20 Administrative Fee along with any uniforms and/or MYSA registration costs that have been accessed to the soccer program.

BRING ALONG TO REGISTRATION:

Registration Form, Current School Picture and Copy of Birth Certificate

OTHER REQUIRED EQUIPMENT:

Shin Guards

Eyeglass Straps (players 7 & up must have them secured)

Safe Footwear—tennis shoes or soft-cleat shoes
(Cleats cannot have a front toe cleat)

Water Bottle

Soccer Ball (Size 3 for U6, Size 4 for U8 - U12)

Attach School Photo here

*Please note:
A photo is required for the player's Soccer I.D. Card. Any photo this size will work.*



(To be completed by Office Staff)

Total amount payable to the City of Le Sueur \$ _____ (Cash, Check or Credit Card accepted)

Payment method: Cash ___ Credit Card ___ Check# _____ Amount \$ _____ Staff Initials _____ Date: _____

2010 LE SUEUR SOCCER CLUB RELEASE AND CONSENT FORM

PLAYER

Please Print

Name: _____
Last Name Middle Initial First Name

Street: _____ City: _____ State: _____ Zip: _____

Player's Birth date: _____ Present Age: _____ Gender: Male or Female

Home Phone #: _____ Mobile Phone #: _____

Age Group: 4- 6(U6) _____ 7- 8(U8) _____ 9- 10 (U10) _____

11- 12 (U12) _____ 13- 14 (U14) _____ 15-16 (U16) _____

PARENT/GUARDIAN

Last Name: _____ First Name: _____ Work Phone: _____

E-mail address: _____ Mobile Phone: _____

Last Name: _____ First Name: _____ Work Phone: _____

E-mail address: _____ Mobile Phone: _____

The success of the Le Sueur Soccer Club will depend on adult volunteers! Please indicate how you will help.

_____ Coach _____ Assist. Coach _____ Referee _____ Team Helper (car pool, snacks, etc.)

EMERGENCY INFORMATION

Who should be notified _____ Street Address _____ Home Phone _____
Mobile Phone _____

Secondary Contact _____ Street Address _____ Home Phone _____
Mobile Phone _____

Physician/HMO/Clinic Name _____ City _____ Phone _____

Medical Insurer _____ Medical Policy Number _____

Dentist Name _____ City _____ Phone _____

List any medical problems, limitation or prohibitions the player may have.

RELEASE AND CONSENT FORM

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Le Sueur Soccer Club Recognizing the possibility of physical injury associated with soccer and in consideration of Le Sueur Soccer Club, its board of directors, their associated personnel, including the owners of fields and facilities utilized for the Program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program and /or being transported to or from the same, which transportation I hereby authorize. I also 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 whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent/Legal Guardian (Please Print:) _____

Date: _____ Signature: _____