

2012 Le Sueur Soccer Club Registration Form

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

Birth Date _____ Home Phone _____ Parent Cell Phone _____ Shirt Size _____

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

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Player's age as of August 1st, 2012 determines the level they will play

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

- U6 (4, 5 & 6) \$30 \$ _____ Includes 1 t-shirt (Black socks required-see below to purchase)
 U8 (7 & 8) \$45 \$ _____ Includes 1 t-shirt (Black socks required-see below to purchase)
 U10 (9 & 10) \$70 \$ _____ Includes 2 t-shirts & shorts (Black socks required-see below to purchase)
 Late Registration Fee (\$10) _____ (if after March 6, 2012)

Fee Summary: Rec/Rec Plus/Competitive Teams (C3) U12, U14, U16 & Up

(Team levels may change due to District Seating)

- U12 (11 & 12) \$145 \$ _____ Includes shorts & jersey (to keep)
 U14 (13 & 14) \$150 \$ _____ Includes shorts & jersey (to keep)
 U16 & Up(15+) \$150 \$ _____ Includes shorts & jersey (to keep)
 Late Registration Fee (\$10) _____ (if after March 6, 2011)

**NEW this year;
 No jersey deposit required.
 Players will keep jerseys and use them for upcoming seasons.**

Short Size - U10, U12, U14 & U16 ONLY

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

Black socks (knee length) are required, you can purchase from us or on your own

Black Socks \$ 5.50 \$ _____ Socks Size (circle one): Y: 6-8, R: 8.5-11, K: 10-13

PLEASE COMPLETE BACK SIDE OF THIS FORM →

PLEASE RETURN FORM AND PAYMENT TO

LE SUEUR COMMUNITY CENTER, 821 E FERRY ST. LE SUEUR, MN 56058

Program Fee Refund Policy: All refunds will be accessed a \$30 Administrative Fee along with any uniforms and/or MYSA registration costs that have been accessed to the soccer program prior to the start of the season.

****U8 and up: There are no refunds after the first practice of the season; no exceptions.**

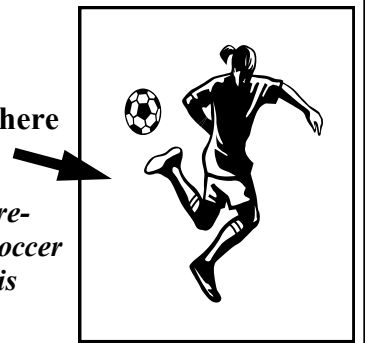
BRING ALONG TO REGISTRATION:

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 \$ _____

BIRTH CERTIFICATE RECEIVED OR ON FILE:
 Y / N

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

2012 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 and up

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: _____

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