

# Flower mound Soccer

**\*\* FORM DUE January 25, 2019\*\***

\_\_\_\_ (U-6) cost will be \$80.00

\_\_\_\_ (U-6) Cost is \$60.00 if you have the jersey from the Fall 2018 season

If your child was born in 2013-2014 they are U-6.

\_\_\_\_ (U-8) cost will be \$80.00

\_\_\_\_ (U-8) Cost is \$60.00 if you have the jersey from the Fall 2018 season

If your child was born in 2011-2012 they are U-8.

\_\_\_\_ (U-10) cost will be \$85.00

If your child was born in 2009-2010 they are U-10.

\_\_\_\_ (U-12) cost will be \$85.00

If your child was born in 2007-2008 they are U-12.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name of siblings also participating in Soccer season:

\_\_\_\_\_

## Name of Parents/Guardians

Please list in order of contact for coaches to reach you.

1 \_\_\_\_\_ Contact number# \_\_\_\_\_

2 \_\_\_\_\_ Contact number# \_\_\_\_\_

3 \_\_\_\_\_ Contact number# \_\_\_\_\_

4 \_\_\_\_\_ Contact number# \_\_\_\_\_



If your child has played in the past and you want the same Coach, please list coaches name here. \_\_\_\_\_

**Are you interested in coaching? Yes or No**

**DAYS AND TIMES OF PRACTICE:(COACH WILL MAKE FINAL DECISION)**

**DAYS PLEASE CIRCLE: MON. TUES. THURS. FRI.**

**TIMES PLEASE CIRCLE: 5:00 PM 5:30 PM 6:00 PM 6:30 PM**

**UNIFORM SIZE SHIRT: YXS YS YM YLG YXLG AS AM ALG**

**SPORTS UNIFORM/EQUIPMENT STATEMENT OF RESPONSIBILITY**

I understand that my child has signed out a uniform from FMS and we, the parents/guardians, are responsible for the care and condition of this uniform. If the uniform is not returned or is returned in unacceptable conditions, the following action(s) may be taken:

1. The athlete's parents/guardians will be billed for the uniform and or equipment.
2. The student will not be allowed to participate in any other sports until the uniform is returned or paid for.

I \_\_\_\_\_, understand my child's responsibility for the uniform being loaned to my child and the consequences for its condition and timely return.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payments/Refunds**

Players fee to be paid at time of sign-ups.

Refunds will be made to participants who drop PRIOR to team Registrations.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only Amount by \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \$ \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

## Lawton Soccer Club Registration Form

WEB SITE: [www.lawtonsoccerclub.org](http://www.lawtonsoccerclub.org)

U \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_

MALE / FEMALE

PLAYER LAST NAME: \_\_\_\_\_ PLAYER FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ CONTACT NUMBER: (    ) \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
(dd/mm/yyyy)

PARENT / LEGAL GUARDIAN NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Parental Support / Volunteer Information: Lawton Soccer Club encourages active participation of all parents in our program. Please check area(s) in which you would be willing to help.		
COACH	COMMITTEE MEMBER	ASSISTANT COACH
	CORRDINATOR	BOARD MEMBER
REFEREE (PAID POSITION)	OTHER:	

Please list other Children Registered this season (Please Print)

NAME:	AGE:
NAME:	AGE:
NAME:	AGE:
NAME:	AGE:

- \* I will abide by all the Laws of the Game and the Policies and Decisions of the Lawton Soccer Club
- \* I will never ridicule or yell at my child or other participants at anytime durning or after competition.
- \* I will respect the referees, assistant Referees, and their authority during games. if I question a Referees' decision, I will take it to my coach, I will not discuss it with the referee.

if I fail to abide by the aforementioned rules, I will be subject to action that could include but is not limited to the following: Warnings, game Suspension, forfeiting games, and or permanent suspension.

PARENT / LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_





## PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EMERGENCY INFORMATION

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### In an emergency, when parents cannot be reached, please contact:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Player's Physician: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical and/or Hospital Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**PLEASE COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD AND ATTACH TO THIS FORM**

### PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date