

**LYONS RECREATION DEPARTMENT
REGISTRATION FORM
SOCCER**

PARTICIPANT'S NAME: _____

BIRTHDATE: _____ AGE: _____

PARENT/GUARDIAN: _____

ADDRESS _____

HOME PHONE _____ CELL PHONE: _____

E-MAIL _____ WORK PHONE: _____

EMERGENCY CONTACT: (other than parent) _____

PHONE: _____ RELATION: _____

SPECIAL MEDICAL INFO _____

SCHOOL: _____ GRADE: _____

AGE CONTROL DATE IS PRIOR TO AUGUST 1 OF CURRENT YEAR

_____ LYONS RESIDENT _____ MALE _____ TINY MITES-8U (5-7)

_____ TOOMBS CO RESIDENT _____ PEEWEE-10U (8&9)

_____ OUT OF COUNTY _____ MITES-12U (10&11)

_____ VIDALIA RESIDENT _____ FEMALE _____ MIDGETS-14U(12&13)

PARENT/GUARDIAN SIGNATURE

I hereby relieve the Lyons Recreation Department of all liability for accidents that may occur in the activities included in this registration. We will assume all responsibility for any uniform/equipment belonging to the Recreation Department and return it in good condition or replace it if lost or damaged.

INSURANCE: I, the above participant and/or guardian of the above participant, am aware that the Lyons Recreation Department offers insurance, I choose to or not to purchase coverage at this time.

YES

NO

COMMENTS: _____

FOR OFFICE

CODE _____

CHECK# _____

CASH _____

USE ONLY

STAFF _____

INSURANCE _____

DATE _____