

Fall 2015 LAWRENCE YOUTH SOCCER REGISTRATION FORM

(Lawrence Youth Soccer is a Program of **Beyond Soccer***)

WWW.BEYONDSOCCERLAWRENCE.ORG

- **Forms are due on or before September 1, 2015 for Fall 2015 Travel** (*First season game is Saturday, September 12th*).
- All players who are new to Beyond Soccer/Lawrence Travel must include a copy of player's birth certificate and a small passport size photo.
- Beyond Soccer also requires an executed Beyond Soccer Program Form and Academic Contract Letter with copy of child's last report card.

PLAYER INFORMATION (PLEASE USE ONE FORM FOR EACH PLAYER)*****

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

TELEPHONE: _____ ALT. TEL.: _____ E-MAIL: _____

GRADE IN FALL 2014: _____ SCHOOL: _____ DATE OF BIRTH: ____/____/____ SEX: ____ (M or F)

MOTHER'S NAME: _____ FATHER'S NAME: _____

TRAVEL: Please check the appropriate age category below. If you are new player, a copy of a birth certificate is also required.

Uniform Sizes (YL, AS, AM, AL, AXL): Shirt _____ Shorts _____

- ☐ U10 Travel - Born on or after August 1, 2005 & younger
 - ☐ U12 Travel - Born on or after August 1, 2003 & younger
 - ☐ U14 Travel - Born on or after August 1, 2001 & younger
 - ☐ U16 Travel - Born on or after August 1, 1999 & younger
 - ☐ U18 Travel - Born on or after August 1, 1997 & younger

Registration Fee: \$25.00 made payable to Beyond Soccer*
(*Partial Fee Waivers can be requested in writing on the back of this form*)

VOLUNTEER POSITIONS: Beyond Soccer is a volunteer organization. Please consider giving your time and support by signing up for any of the following Volunteer Positions.**

Name of interested parent: _____ D/O/B: _____

Address: _____ Tel.: _____

☐ Asst. Coach ☐ Fundraising ☐ Field Support (lining fields, nets, etc.) ☐ Team Mom or Team Dad

** All volunteers will be subject to Sate & Mass Youth CORI requirements.

SPECIAL NOTES (INCLUDE PHYSICAL LIMITATION, i.e. asthma): _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the United States Youth Soccer Association (USYSA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. As the Parent/guardian of the registrant, I hereby give my consent for emergency medical care by a duly licensed Doctor or Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or wellbeing of my dependent.

Parent/guardian signature: _____ **Date:** _____

Doctor to notify in emergency: _____ **Telephone:** _____

* Because Lawrence Youth Soccer is a program of Beyond Soccer, a general permission form is also required (see attached).



GENERAL REGISTRATION FORM 2015

Beyond Soccer is not just about training soccer players. We are a sports based youth development organization. In addition to Lawrence Travel and In-City Recreational Soccer programs, Beyond Soccer sponsors leadership opportunities, group outings, academic mentoring, health and wellness initiatives and summer camps for its players.

Player Name: _____ Sex: _____ Date of Birth: ____/____/____ Age: ____

Address: _____ Zip: _____

School: _____ Grade: _____

Tel. _____ ☐ Home ☐ Cell ☐ Work Tel. _____ ☐ Home ☐ Cell ☐ Work

Mother's Name: _____ Email: _____

Father's Name: _____ Email: _____

Emergency Contact: _____

Relationship to Child: _____ Tel. _____ Alt. Tel. _____

Physician's Name: _____ Tel. _____

Dentist's Name: _____ Tel. _____

Special health needs (including any instructions for special medical needs/food allergies): _____

Have you had a prior history of concussions? Yes / No (circle one): If yes, please provide details: _____

AGREEMENT

1. I give permission for my child to participate in the Lawrence Travel and/or In-City Recreational League sponsored by **Beyond Soccer**. I also authorize my child to participate in **Beyond Soccer's** off the field programs, including its health and wellness program, **Health Kicks!** that includes indoor speed and agility workouts, gardening and cooking courses, and indoor futsal, as well as other leadership, mentoring, academic and social outing opportunities (i.e. Dream Big Leadership conference, pasta parties, tutoring, professional sporting events).

2. I hereby certify that my child is in normal health and capable of safe participation in youth sports programs. I understand and waive related liability claims for myself and/or my child and assume all customary risks and hazards incidental to the reasonable operation and conduct of this program and for the necessary transportation to and from the program, when and if provided for by **Beyond Soccer** staff or transportation contractors.

3. I hereby authorize **Beyond Soccer** to obtain medical treatment for my child in the event that parents and the child's emergency contact cannot be reached. This authorization, *intended for emergency use only*, and includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a licensed physician, nurse or dentist for my child.

4. I hereby give my consent for **Beyond Soccer** to use my child's photograph and likeness in its potential publications (newsletter), including its website www.beyondsoccerlawrence.org and Facebook page. I release Beyond Soccer from any claim of violating privacy or confidentiality rights that I could assert for the above minor child and myself and attest that I am the parent or legal guardian of the child listed above.

Signature of Parent or Legal Guardian _____

Printed Name of Parent/Legal Guardian _____ Date _____