

**2012 SPRING SEASON - REGISTRATION FORM
LAKE WALES SOCCER CLUB INC
(RIDGE SOCCER ASSOCIATION)**

www.lakewalesoccer.com www.ridgesoccer.com Phone: 676-3304 or 678-3513

Players Last Name: _____ First Name: _____ M.I. _____

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

Home Phone # _____ Alt. Phone # _____ E-mail Address: _____

Age as of August 1, 2011: _____ Date of Birth: _____ Male Female **U.S. Citizen?**
month-day-year Yes No

Did you play on a team during the previous fall or spring season? Yes No

If so, in what league and on what team? _____

What are your soccer abilities? Very Good Better than Avg Average Developing

Shirt Size	Youth Sizes: ~ YXS ~ YS ~ YM ~ YL	Adult Sizes: ~ AS ~ AM ~ AL ~ AXL

Father/Guardian: _____
Name Home Phone # Work Phone # Cell Phone #

Mother/Guardian: _____
Name Home Phone # Work Phone # Cell Phone #

Do you want to coach? Yes No
 Are you willing to coach or to be an assistant coach? Yes No
 Will you volunteer in other areas? Yes No

It may be necessary to have parents volunteer to coach in order to have enough teams for the interest expected. Teams will be limited to the number of coaches available. Note, all coaches, board members and officials of this league through FYSA will have background checks conducted. Once a person agrees to coach, a form will be submitted.

Mandatory Medical Information/Release:

Does the player on this form have any medical problems that may prohibit him/her from playing soccer? Yes No
 If yes, a written medical release from a licensed physician is required before the child can be assigned to a team.

Insurance Notice: All injuries must be reported within 90 days of the date of the injury.

Does the player have medical insurance? Yes No
 If yes, please identify the Insurance Company: _____ Policy Number: _____

Informed Consent: I, the parent/guardian of the player, agree that I and the player will abide by the rules of the club and league, the state association (FYSA) and all of its affiliated organizations. My child wishes to participate in soccer during the season of this registration. I realize risks are involved in my child's participation. I understand that the risk to my child includes a full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I accept this risk as a condition of my child's participation. I, as parent or legal guardian of the above named child, do hereby release and discharge the Lake Wales Soccer Club Inc., and their employees, volunteers, sponsors, and all personnel involved in organizing and operating the soccer program from all claims arising from my child's participation in the program.

***Note: Registration Fee includes a \$10 charge that will be received back once concession stand duty is worked.

Date Signature of Parent or Guardian Print Name of Parent or Guardian

Registration Fee: _____ **\$35.00** For those who played in the Fall Season 2011
\$45.00 For all New players who did not play in Fall Season 2011
 Discount of **\$5.00** for each additional child.
 Registration fee is payable to **Lake Wales Soccer Club.**

Mail to **3570 Silver Oak Court, Lake Wales, Florida 33898.**
Copy of birth certificate is required for all players.

<p>For Club Use Only: Total Payment: \$ _____ Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check. If check, check # _____ Age Group _____ Birth Certificate received: <input type="checkbox"/> Age Verified: <input type="checkbox"/> Received By: _____</p>
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