

**2011 FALL SEASON - REGISTRATION FORM  
LAKE WALES SOCCER CLUB  
(Formerly Ridge Soccer Association Inc)**

[www.ridgesoccer.com](http://www.ridgesoccer.com) Phone: 676-3304 or 678-3513 [www.lakewalesoccer.com](http://www.lakewalesoccer.com)

Your donations are tax deductible. We are a 501c3 organization FEI 20-1391381

Player's 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?  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	<b>Youth Sizes:</b> <input type="checkbox"/> YXS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL	<b>Adult Sizes:</b> <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL
Short Size	<b>Youth Sizes:</b> <input type="checkbox"/> YXS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL	<b>Adult Sizes:</b> <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL
Sock Size	<input type="checkbox"/> Youth <input type="checkbox"/> Junior <input type="checkbox"/> Adult	

**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 within 30 calendar days prior to the first practice of the season. 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. Please feel free to help at other times.**

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

Registration Fee: **\$75.00** \$75.00 early registration fee if this form is received on or before **September 3, 2011**  
(if not to work Concession) \$85.00 late registration fee if this form is received after **September 3, 2011**  
(\$10 received back when concession worked) Discount of **\$5.00** for additional siblings playing in league

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.**

<b>For Club Use Only:</b> Total Payment: \$_____ Payment Method: ~ Cash ~ Check. If check, check # _____ Age Group _____ Birth Certificate received: _____ Age Verified: _____ Received By: _____
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