

Deadline to Register: January 31, 2011

Mail to: LYSA • PO Box 20, La Crescent, MN 55947

Office Use
Team: _____

PLEASE PRINT CLEARLY

PARTICIPANT'S FIRST NAME _____		M.I. _____	LAST NAME _____	
ADDRESS _____		CITY/STATE _____		ZIP _____
AREA CODE _____	TELEPHONE NUMBER _____	BIRTH DATE _____	GENDER _____	
SCHOOL _____		GRADE _____	Special request? _____	
T-SHIRT SIZE (CIRCLE ONE)				
		YOUTH SIZES (6-8)	M (10-12)	L (14-16)
		ADULT S	M	L XL

FATHER'S NAME (GUARDIAN) _____		CELL PHONE NUMBER _____
MOTHER'S NAME (GUARDIAN) _____		CELL PHONE NUMBER _____
PRIMARY E-MAIL _____		SECONDARY E-MAIL _____
PERSON TO NOTIFY IN CASE OF AN EMERGENCY _____		PHONE NUMBER _____
DOCTOR TO NOTIFY IN CASE OF AN EMERGENCY _____		PHONE NUMBER _____
LIST ANY MEDICAL PROBLEMS OR PROHIBITIONS PLAYER MAY HAVE _____		

PLAYER / PARENT SUPPORT: We ask for active participation in our program. Please check area(s) in which you can help:

<input type="checkbox"/> Coach/Assistant	<input type="checkbox"/> Apparel/Spirit Wear	<input type="checkbox"/> Team Parent Rep	<input type="checkbox"/> Field Preparation
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Equipment/Uniforms	<input type="checkbox"/> Referee (training provided)	<input type="checkbox"/> Board Member

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with 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 fields and facilities utilized for the Programs, against any claim or on the behalf of the registrants a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I here authorize.

Print Name _____ Date: _____ Signature _____
 Parent/Legal Guardian (Please Print)

Photography consent form: As the parent or legal guardian of the above named player hereby grant permission to La Crescent Youth Soccer/CRM, to take and use: photographs and/or digital images of my child for use in news releases and/or educational materials. These materials might include printed or electronic publications, web sites or other electronic communications. I further agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me.

Signature of Parent/Guardian _____ Date _____

Consent For Medical Treatment (Minor): As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent

Signature of Parent/Guardian _____ Date _____

Date: _____ **For League Use ONLY** _____ of _____ forms

Registration Fee paid:	\$ _____	(\$35 for U5-U6 \$70 for U7+)	Cash Amt _____
+ Late fee (for spring only)	\$ _____	(\$20 after 1/31/2011)	Check Amt _____
+ Indoor Soccer (Futsal) (U6-U12)	\$ _____	(\$40.....optional program)	Total Rec'd _____
+ Other Paid or Apparel	\$ _____	(optional)	
+ Table Sales	\$ _____		
= Total Due	\$ _____	Check #: _____	