

**Deadline to Register: January 29, 2012**

**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 _____		<b>T-SHIRT SIZE (CIRCLE ONE)</b> YOUTH S M L SIZES (6-8) (10-12) (14-16) ADULT S M L XL
Special request? _____				

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

**MYSA PLAYER OR PARENT/GUARDIAN AGREEMENT**

I, as the adult-age player or the parent/guardian of the registered, minor player, agree to abide by the rules of the Minnesota Youth Soccer Association (MYSA), US Youth Soccer and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA and US Youth Soccer accepting the player for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the MYSA, US Youth Soccer and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of 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 program and/or being transported to or from the same, which transportation I hereby 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 \_\_\_\_\_

<b>Date:</b> _____	<b>For League Use ONLY</b>	_____ of _____ forms
<b>Registration Fee paid:</b>	\$ _____	(\$35 for U5-U6 .... \$70 for U7+)
<b>+ Late fee (for spring only)</b>	\$ _____	(\$20 after 1/29/2012)
<b>+ Indoor Soccer (Futsal) (K - 5)</b>	\$ _____	(\$40.....optional program)
<b>+ Other Paid or Apparel</b>	\$ _____	(optional)
<b>+ Table Sales</b>	\$ _____	
<b>= Total Due</b>	\$ _____	
	Check #: _____	Cash Amt _____
		Check Amt _____
		Total Rec'd _____