



LSC Registration Form

Player's Last Name: _____ Player's First Name: _____

Address: _____ City & Zip: _____

Primary Phone: _____ Gender: _____ Birth Date: _____

E-mail(s): _____

PARENT CONTACT INFO:

Mother: _____ Home phone: _____ Cell phone: _____

Father: _____ Home phone: _____ Cell phone: _____

EMERGENCY CONTACT INFO:

Name: _____ Phone: _____

Allergies / Medical Conditions: _____

Physician: _____ Phone: _____

Medical/Hospital Insurance: _____ Policy #: _____

Permission to Play: I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Lazars Soccer Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the LSC, accepting the registrant for its soccer program and activities I hereby release, hold harmless and/or otherwise indemnify the LSC, its affiliated organizations, and its members, officers, coaches, referees, sponsors, employees, and designated agents, including owners of fields and facilities utilized for the activities, for civil damages, both real and punitive, for which I or the above named player might otherwise be eligible.

Consent for Minor Medical Treatment: 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 life, limb, or well-being of my dependent.

Payment / Refund Policy: As the parent or legal guardian of the above named player, I hereby agree that I am responsible for payment of the registration fee. We agree to meet the financial needs of our player's team and LSC. We realize that the fees, up to and including, but not limited to, registration and uniform costs, are nonrefundable. We agree to play for the 2018-2019 seasonal year with Lazars Soccer Club.

Print Name: _____ Signature: _____ Date: _____

FOR LEAGUE USE ONLY: Rcpt or Chk# _____ Amt Pd: \$ _____ Date Processed: _____

Prior Team#: _____ Coach: _____ Birth Certificate on file: _____ Letter sent: _____