



**LAKE JACKSON SOCCER CLUB**  
 Fall 2009 Season  
**U6 (4 & 5 year olds) Registration Form**

**Player Information**

*Registered with LJSC last year?		<input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, copy of <b>certified</b> birth certificate is required to register)			
*First Name			M.I.		*Last Name
*Gender	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	*Date of Birth (mm/dd/yy)		/	/
*School, Next Fall					
*Address				*City, State, Zip	
*Home Phone	( )	Player Email			
*Emergency Contact:	Name			*Phone	( )
*Medical Conditions					
*Uniform Shirt Size? Shirt is included with registration.		Youth <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L		Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	

**Parent/Guardian Information**

*Parent #1	Name			*Relation	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
*Home Phone	( )	*Mobile Phone	( )		
*Email					
Interested in Volunteering	<input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Referee <input type="checkbox"/> Board Member <input type="checkbox"/> Other _____				

Parent #2	Name			Relation	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Home Phone	( )	Mobile Phone	( )		
Email					
Interested in Volunteering	<input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Referee <input type="checkbox"/> Board Member <input type="checkbox"/> Other _____				

**U. S. YOUTH SOCCER ASSOCIATION (USYSA)**

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration by the USYSA, accepting the registrant for its 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 by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

<b>*1</b>	<b>*PRINTED NAME</b>		<b>*SIGNATURE</b>		<b>*DATE</b>
		<b>PARENT/LEGAL GUARDIAN NAME (PLEASE PRINT)</b>			

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or legal guardian of the above-named players, 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.

<b>*2</b>	<b>*PRINTED NAME</b>		<b>*SIGNATURE</b>		<b>*DATE</b>
		<b>PARENT/LEGAL GUARDIAN NAME (PLEASE PRINT)</b>			

**PAYMENT: Make check payable to LJSC**

**U6 Registration = \$65<sup>#</sup>**

**<sup>#</sup> save \$5 per player by signing up online using GotSoccer.com)**

<https://www.gotsport.com/>

**Mail: (1) completed registration form, (2) check made payable to LJSC, and (3) for new players, a copy of certified birth certificate: LJ Soccer Club; Attn: Registrar; PO Box 715; Lake Jackson TX 77566**

**Special Requests**

<input type="checkbox"/>	Prefer to play with New Coach	If checked, enter name of last year's coach	
<input type="checkbox"/>	Request a Specific Coach	If checked, enter coach's name	
<input type="checkbox"/>	Request to be on Team with Specific Players	<b>Name</b>	<b>Reason (e.g. sibling, ride sharing)</b>