



Livingston Youth Soccer Association
 P.O. Box 556 · Livingston, MT 59047
 livingstonyouthsoccer.org



\$37 for KneeKickers and Division 1 (Ages 5-7 on August 1, 2009)
 \$47 for Division 2, 3, & 4 (Ages 8-15 on August 1, 2009)
 Mail check (made to LYSA) and this form to address above

Soccer Player (as name appears on Birth Record)

First Name: _____ Middle Initial: _____ Last Name: _____
 Birth Date (mm/dd/yyyy): _____ M or F: _____ Email address: _____
 Height: _____ Weight: _____ Number of seasons played: _____
 Medical conditions? Allergies? _____
 Jersey Size (circle one): Youth **S M L** Adult **S M L**

Father

First Name: _____ Last Name: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Street Address: _____ City/State/Zip: _____
 Email address: _____ Volunteer to Coach _____ Assistant Coach _____ Referee _____
 Volunteer to Line fields _____ Team Manager _____ Join Recreational Committee _____ Other _____

Mother

First Name: _____ Last Name: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Street Address: _____ City/State/Zip: _____
 Email address: _____ Volunteer to Coach _____ Assistant Coach _____ Referee _____
 Volunteer to Line fields _____ Team Manager _____ Join Recreational Committee _____ Other _____

Will you or your business SPONSOR a team for \$180? (Y/N) _____ Name of Sponsor _____
 Contact name _____ Address _____ Phone _____

Emergency Contacts

Friend's Name: _____ Phone: _____
 Doctor's Name: _____ Phone: _____

U.S. Youth Soccer Agreement

I, the parent/guardian of the above-named player, minor, agree that I and the player will abide by the rules and regulations of U.S. Youth Soccer, it's affiliated organizations, and it's sponsors (U.S. Youth Soccer "Parties"). In consideration of the player's participation in the soccer programs and activities of U.S. Youth Soccer Parties (the Programs). I, for myself, the player, and our respective heirs, administrators, and successors, intending to be legally bound, hereby release and indemnify U.S. Youth Soccer Parties, the owners and operators of the facilities used for the Programs, and their respective officers, directors, employees, agents, and representatives from and against all claims, liabilities, damages, or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, players transportation to/from any Program which transportation is hereby authorized. I further grant U.S. Youth Soccer Parties the right to use the player's name, picture and/or likeness in printed, broadcast, and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

Player Signature: _____ Date: _____
 Parent/Guardian Signature: _____ Date: _____

Consent for 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 the life, limb, or well-being of my dependent.

Insurance Company: _____
 Name of Insured: _____ Policy #: _____
 Parent/Guardian Signature: _____ Date: _____

Office Use Only Fee's received: _____ By: _____ Check Number: _____