

# LEXINGTON RECREATION SOCCER CLUB, INC

Post Office Box 179, Gilbert, SC 29054

Hotline: 356-9067

Visit us at [www.lexingtonsoccer.com](http://www.lexingtonsoccer.com)

## Fall 2007 REGISTRATION FORM

<i>Player Information</i>		
Legal Last Name:	Legal First Name:	
Address:	City:	Zip:
Request Practice In: <input type="checkbox"/> Lexington <input type="checkbox"/> Gilbert <input type="checkbox"/> Pelion <input type="checkbox"/> Batesburg		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Player's Birthdate:		
<b>Registration Fee: \$52 per player, must be postmarked by August 11th; \$42 for each additional sibling</b> (Registration postmarked after Aug. 11th will be assessed a late fee of \$10 per child. No registration will be accepted after Aug 15th.)		
Medical Problems:		
Name of the public school that the player attends <b>or</b> would attend (geographical area)		
Playing Experience (Total seasons played {A year is 2 seasons [fall and spring]}):		

<i>Parent / Guardian Information</i>				
	Name	Home Phone	Work/Mobile Phone	E-mail address
<u>Father's</u>				
<u>Mother's</u>				

I can help as:  Coach  Asst. Coach  Board Member  Team Parent  Fund Raising  Sponsorship

**Coaches are needed in all age groups. Training provided — Sign up to help**

Comments:

**Lexington Leisure Center: July 28th, August 4th & 11th(10a.m.-1p.m.) [Registration ONLY at Lex. LC on July 28th]**  
**Gilbert, Batesburg and Pelion Registration: August 4th & 11th (10 a.m.– 1p.m.)**

*We can't guarantee a player will be on a particular team or play with a particular player (unless brother or sister).*

**WE CAN ONLY GUARANTEE THAT A PLAYER WILL NOT HAVE A PARTICULAR COACH.**

I certify that I am the parent or legal guardian of the registrant. I the parent / guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of 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 the fields and facilities utilized by the programs and / or being transported to or from the same, which transportation I authorize. I certify the registrant is medically able to play soccer. I also 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 the registrant. I have received a copy and will abide by the parents code of conduct as given by Lexington Recreation Soccer Club, Inc.

I authorize Lexington Recreation Soccer Club, Inc to release photographs of the registrant to media, including but not limited to newsprint, television, internet, for the promotion of soccer without any reimbursement.

**PRINTED NAME:**

**SIGNATURE:**

### OFFICIAL USE ONLY

Received By:	Date:	Under 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12 / 13 / 14 / 15 / 16 / 17 / 18	
Player Fee:	{cash / check number: }		Birth Certificate Attached: Yes / No