

LANSING SOCCER CLUB, Inc.
Lansing, NY 14882

Youth are League Members of New York State West Soccer Association, are affiliated with the United States Youth Soccer Association, United States Soccer Federation and FIFA. Established 2001.

LSC Registrar: Sarah Lange, 18 Asbury Drive, Ithaca N.Y. 14850

Annual LSC membership \$15.00

*All players must be members. Check with your Coach regarding payment of the LSC fee
New players must provide proof of age at time of registration (passport or Birth Certificate).*

PLEASE PRINT CLEARLY: COMPLETE ALL ITEMS: GIVE TO YOUR TEAM MANAGER

Team: _____ Coach: _____

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

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Email: _____

Birthdate (mm/dd/yy): _____ Gender: M F School grade: _____ Years soccer: _____

Father: _____ Work: (____) _____ Cell: _____

Mother: _____ Work: (____) _____ Cell: _____

Emergency Contact Name: **Not the parent** _____ Home:(____) _____

Relationship: _____ Work:(____) _____

Physician: _____ Telephone: _____

List any medical problems we should know about:

I, the legal guardian of the applicant, agree that the applicant ("player") and I will abide by the rules of the LANSING SOCCER CLUB, INC. ("The Club"), its affiliated organizations and sponsors. As a fan of soccer, I recognize that youth players are developing and as such need encouragement and learn best from my good example. I agree to never criticize the applicant's performance at any time. I agree to never make any comments (verbally or otherwise) about the officiating and to make any comments to the coach after the game. I recognize that poor behavior on my part may result in a red card being given to the coach by an official of the game whether I am on or off the field, watching a game or not. A red card will cause the coach to be removed from the game, fined and have to appear at a hearing.

I, the legal guardian of the applicant, recognizing the possibility of physical injury associated with soccer and in consideration for The Club accepting the applicant for its soccer programs and activities ("The Programs"), hereby release, discharge and/or otherwise indemnify The Club, its affiliate organizations and sponsors, their employees and association personnel, including the owners of fields and facilities used for The Programs, against any claim by or on behalf of the applicant as a result of the applicant's participation in The Programs and/or being transported to or from the same, which transportation I hereby authorize. The above applicant and 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. I accept responsibility for payment for any such services provided.

Signature of Guardian _____ Date _____

FORM SHOULD BE GIVEN TO YOUR TEAM MANAGER. DO NOT MAIL TO THE CLUB