

LCA SOCCER REGISTRATION – 2010 Spring Session

Family Information:

Mother/Guardians Name: _____

Phone: (h) _____ (b) _____ (cell) _____ (Email) _____

Address: _____

Father/Guardians Name: _____

Phone: (h) _____ (b) _____ (cell) _____ (Email) _____

Address: same as above _____

Alternate Emergency Contact: _____ (h) _____ (c) _____

LCA Membership #: _____ New Membership Required (\$30)

Participants Information:

Child 1

Full Name: _____

Male Female Birthday (yyyy/mm/dd): _____ Alberta Health Care No.: _____

Allergies: No Yes, _____

Pertinent Medical Conditions: _____

U4 (\$80) (2006/ 2007) U6 (\$80) (2004 – 2005) U8 (\$100) (2002 - 2003)

U10 (\$130) (2000 - 2001) Recreational U12 (\$150) (1998 - 1999) Recreational

Child 2

Full Name: _____

Male Female Birthday (yyyy/mm/dd): _____ Alberta Health Care No.: _____

Allergies: No Yes, _____

Pertinent Medical Conditions: _____

U4 (\$80) (2006/ 2007) U6 (\$80) (2004 – 2005) U8 (\$100) (2002 - 2003)

U10 (\$130) (2000 - 2001) Recreational U12 (\$150) (1998 - 1999) Recreational

Child 3

Full Name: _____

Male Female Birthday (yyyy/mm/dd): _____ Alberta Health Care No.: _____

Allergies: No Yes, _____

Pertinent Medical Conditions: _____

U4 (\$80) (2006/ 2007) U6 (\$80) (2004 – 2005) U8 (\$100) (2002 - 2003)

U10 (\$130) (2000 - 2001) Recreational U12 (\$150) (1998 - 1999) Recreational

PLEASE COMPLETE REVERSE

LCA SOCCER REGISTRATION – 2010 Spring Session

Parent involvement is a VITAL part of the LCA soccer program. Many hands make light work! Please indicate below where you can help out to ensure a successful season.

I am interested in helping to:

- | | | | |
|---|----------------|---|---|
| <input type="checkbox"/> Coach | T - Shirt Size | <input type="checkbox"/> XXL <input type="checkbox"/> XL <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S | <input type="checkbox"/> Call me about coaching clinics |
| <input type="checkbox"/> Assistant Coach | T - Shirt Size | <input type="checkbox"/> XXL <input type="checkbox"/> XL <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S | <input type="checkbox"/> Call me about coaching clinics |
| <input type="checkbox"/> Equipment Manager | | | |
| <input type="checkbox"/> Phone Parent | | | |
| <input type="checkbox"/> Field Set-Up or Takedown | | | |
| <input type="checkbox"/> Team Tournament Representative | | | |
| <input type="checkbox"/> Other _____ | | | |

FAMILY WAIVER

I _____, the Parent or Guardian of the registered children, hereby give my approval and acknowledgement to his/her participation in all aspects of the sports team. I acknowledge that the participation of the children is at our sole risk and liability, and in consideration of my children's participation in any sports program do hereby release and hold harmless the Langdon Community Association, it's coaches, managers, trainers and any other responsible adults from any and all actions, claims, liabilities, and demands whatsoever arising from, related to, or connected with the sports program. I hereby authorize the coach, manager, and other responsible adults in charge of the sports program offered to provide and emergency medical care or treatment considered necessary for the welfare and safety of the child and furthermore agree to accept the financial responsibility for such medical services.

Signature of Parent or Guardian: _____ Date: _____

Office Use Only:

Payment Enclosed: \$ _____ Cash Cheque No.: _____

LCA Membership No.: _____ Card Given