

LCA SOCCER REGISTRATION – 2012 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 _____

Participants Information:

Child 1

Full Name:

Male Female Birthday (yyyy/mm/dd): _____ Alberta Health Care

No.: _____

Allergies: No Yes, _____

Pertinent Medical Conditions:

 U4 (\$85) (2008- 2009) U6 (\$85) (2006 – 2007) U8 (\$110) (2004 - 2005)
 U10 (\$130) (2002-2003) Recreational U12 (\$150) (2000-2001) Recreational

Child 2

Full Name:

Male Female Birthday (yyyy/mm/dd): _____ Alberta Health Care

No.: _____

PLEASE COMPLETE REVERSE

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Allergies: No Yes,

Pertinent Medical Conditions:

- U4 (\$85) (2008- 2009) U6 (\$85) (2006 – 2007) U8 (\$110) (2004 - 2005)
 U10 (\$130) (2002-2003) Recreational U12 (\$150) (2000-2001) Recreational

Child 3

Full Name:

Male Female Birthday (yyyy/mm/dd): _____ Alberta Health Care

No.: _____

Allergies: No Yes,

Pertinent Medical Conditions:

- U4 (\$85) (2008- 2009) U6 (\$85) (2006 – 2007) U8 (\$110) (2004 - 2005)
 U10 (\$130) (2002-2003) Recreational U12 (\$150) (2000-2001) Recreational

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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:

- Coach T - Shirt Size XXL XL L M S Call me about coaching clinics Assistant Coach T - Shirt Size XXL XL L M S Phone Parent Call me about coaching clinics Field Set-Up or Takedown

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.

PLEASE NOTE THERE WILL NOT BE ANY REFUNDS ISSUED.

Signature of Parent or Guardian: _____ Date: _____

Office Use Only:

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