

Spring 2011 Recreational Soccer Registration



PLAYER NAME: First: _____ Last: _____ BIRTH DATE: MON ___ DAY ___ YR ___

Gender: M F Mother DOB: Mon ___ Day ___ (KSYSA REQ)

AGE GROUP _____ (See matrix at right for birth month and year.
Do not age player up without prior league permission)

SCHOOL: _____ # SEASONS PLAYED: _____

JERSEY SIZE: _____

Fall 10 - Spr 11		Birth Year										
		1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Birth Month	Jan	N/A	U14	U14	U12	U12	U10	U10	U8	U8	U6	U6
	Feb	N/A	U14	U14	U12	U12	U10	U10	U8	U8	U6	U6
	Mar	N/A	U14	U14	U12	U12	U10	U10	U8	U8	U6	U6
	Apr	N/A	U14	U14	U12	U12	U10	U10	U8	U8	U6	U6
	May	N/A	U14	U14	U12	U12	U10	U10	U8	U8	U6	U6
	Jun	N/A	U14	U14	U12	U12	U10	U10	U8	U8	U6	U6
	Jul	N/A	U14	U14	U12	U12	U10	U10	U8	U8	U6	U6
	Aug	U14	U14	U12	U12	U10	U10	U8	U8	U6	U6	N/A
	Sep	U14	U14	U12	U12	U10	U10	U8	U8	U6	U6	N/A
	Oct	U14	U14	U12	U12	U10	U10	U8	U8	U6	U6	N/A
	Nov	U14	U14	U12	U12	U10	U10	U8	U8	U6	U6	N/A
	Dec	U14	U14	U12	U12	U10	U10	U8	U8	U6	U6	N/A

*****NOTE: NO PLAYER WILL BE REGISTERED WITHOUT A BIRTH CERTIFICATE ON FILE*****

COACH PREFERENCE (If available): _____

SIBLINGS Playing In League _____

FATHER NAME: _____ ADDRESS: _____ CITY _____ ST _____

HOME PH: (____) _____ CELL PH: (____) _____ WORK PH: (____) _____ Email _____

MOTHER NAME: _____ ADDRESS: _____ CITY _____ ST _____

HOME PH: (____) _____ CELL PH: (____) _____ WORK PH: (____) _____ Email: _____

VOLUNTEERS NEEDED: Coach: ____ Asst Coach: ____ Committee Member: ____ Other: ____

INJURY WAIVER:

I, Parent or Guardian of the above named person, who is participating in soccer, hereby give my approval to their participation in any and all of the activities of the class or division. I assume all risks incidental to the conduct of the activities. I do further release, absolve, indemnify, and hold harmless, the LSA, the sponsors and supervisors, any or all of them. In case of injury to my child or myself, I hereby waive all claims against the organizers, sponsors, or any of the supervisors appointed to them. I likewise release from responsibility any person transporting my/our child or myself to or from activities.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FEES: (Make checks payable to the *Leavenworth Soccer Association (LSA)*. NO REFUNDS.

AGE GROUP	FEE	BALL SIZE	UNIFORM	BIRTH CERTIFICATE
Soccer Academy Birthday: Aug 06 to Jul 07	\$35	3	Receives Soccer Academy Jersey	REQUIRED
U6/U8	\$35	3	Uniform/Jersey fee is \$15. LSA mesh reversible soccer jersey required.	REQUIRED
U10	\$50	4		
U12	\$60	4	One time uniform fee for Fall 10/Spring 11 of \$25 (New spring players or players who change teams will be charged the \$25 uniform fee). Includes numbered shirt, shorts, socks	REQUIRED
U14	\$60	5		

KEY DATES

All Day Registration	Saturday, February 26, 2011, 9am to 1pm at the YAC - 314 Delaware
Registration Deadline	Friday, 6:00pm, March 4, 2011 \$20 late charge for applications received after 6:00pm March 4, 2010. (Space available only).
Coaches Meeting	Wed, March 9, 2011, 6:30pm at the YAC.
Games	Saturdays beginning March 26, 2011 (Rainout games may be on other days)

Leavenworth Soccer Association (LSA)
314 Delaware, Leavenworth, KS 66048
(913) 651-3800
Visit <http://www.leavenworthsoccer.org>

Need based scholarship forms are available at YAC and must be received by registration deadline. Cost sharing will be imposed.

Deposit forms w/payment in black drop box at the YAC