



Longmont United Soccer Association

Competitive Registration Form

Note: Please complete all items in BLACK or BLUE ink so copies can be made.

_____	_____	____/____/____
Player's Last Name	Player's First Name	Birth date
_____	_____	_____
Address	Home Telephone Number	Age as of 7/31/2010
_____	_____	<input type="checkbox"/> <input type="checkbox"/>
City, State, Zip	School in Fall 2010 Grade	Male Female
_____	_____	_____
Parent's / Legal Guardian's Name	Home Telephone Number if different from player's	Work Telephone Number
_____	_____	_____
Parent's / Legal Guardian's Name	Home Telephone Number if different from player's	Work Telephone Number
_____	_____	_____
Emergency Contact Name/Relationship	Telephone Number	Jersey Number CYS Player Number
_____	_____	_____
Doctor Name	Telephone Number	Previous Team - Last Season
_____	_____	_____
Medical problems/conditions the Player's Coach should know about	<div style="border: 1px solid black; padding: 5px;"> Please return the completed form and fee to: Longmont United Soccer, c/o Gene Kath, P.O. Box 401, Longmont, CO 80502 </div>	
Family e-mail address		
Name _____ / position _____		
I/we volunteer to help the team - coach, referee, manager		

Notes: 1) Registration fee **does** include player medical insurance through CYS.
2) Registration fee **does not** include player equipment or uniform.

I, the parent / guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Longmont United Soccer, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Longmont United Soccer accepting the registrant for its soccer programs, activities (the "Programs"). I hereby release, discharge, and/or otherwise indemnify Longmont United Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry, which care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the registrant.

Fee: \$250/year
(Fall and Spring sessions)
U11-U14

Fee: \$125/season
(Fall or Spring session)
U15-U18

Must have Government Birth Certificate or Passport copy for proof of age

Parent/ Legal Guardian Signature (Must be signed!!)

Date