



Lionville Soccer Club Registration/Release

Registrant Information

Player's Name: _____ Date of Birth: ____ / ____ / ____
 Address: _____
 City: _____ State: _____ Zip: _____
 Township/Borough: _____ County: _____
 School: _____ Grade (upcoming fall): _____

Is this player currently rostered to a team in another USYS Organization: (circle) Y / N
 If Yes, Club Name: _____ Coach: _____ Phone: _____

Previous Experience: (Leagues, Years, Positions): _____

Travel teams may participate in several seasons (indoor and outdoor), please indicate which seasons you would be willing to play in. Also indicate any additional sports played during those seasons.

Winter: I will play this season ____ Other sports played: _____
 Spring: I will play this season ____ Other sports played: _____
 Fall: I will play this season ____ Other sports played: _____

Contact Information (Please include Area Code)

Father's Name: _____ Mother's Name: _____
 Father's Home Phone: _____ Mother's Home Phone: _____
 Father's Work Phone: _____ Mother's Work Phone: _____
 Father's Cell Phone: _____ Mother's Cell Phone: _____
 Father's E-mail: _____ Mother's E-mail: _____
 Preferred E-mail: _____

Indicate any Team or Club positions you will volunteer for (coaching, registration, scheduling): _____

Uniform Information: preferred number _____ (list 1st, 2nd, 3rd choices)

Jersey	YS	YM	YL	YXL	AS	AM	AL	AXL	
Shorts	YS	YM	YL	YXL	AS	AM	AL	AXL	
Socks	YS	YM	YL	YXL	AS	AM	AL	AXL	
Practice Tshirt	YS	YM	YL	YXL	AS	AM	AL	AXL	
Sweatpants	YS	YM	YL	YXL	AS	AM	AL	AXL	
Warm up Jacket	YS	YM	YL	YXL	AS	AM	AL	AXL	
Sweatshirt	YS	YM	YL	YXL	AS	AM	AL	AXL	

Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and/or otherwise indemnify the Lionville Youth Association and Lionville Soccer Club, against any claim by or on behalf of the registrant as a result of the registrant's participation in the travel soccer programs/tryouts.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the travel soccer program.

Parent/Guardian Signature

Date