

**AMATEUR PLAYER
Spring 2012 Registration
Calcasieu Soccer Club**

P.O. Box 6398, Lake Charles, LA 70606

www.lakeareasoccer.org

REGISTRATION FEES	
New Player	\$ 70.00
Player returning from fall 2011	\$ 35.00



REGISTRATION DATES:

1/2/2012 through 2/25/12

REGISTER ONLINE OR MAIL FORMS TO: PO BOX 6398, LAKE CHARLES, LA 70606

*******NO CASH ACCEPTED***** CHECKS, MONEY ORDERS & CREDIT CARDS (ONLINE) ONLY!**

PLAYERS LAST NAME		FIRST NAME	M.I.	DATE OF BIRTH
MAILING ADDRESS		CITY, STATE	ZIP CODE	Circle one
HOME PHONE:	CELL PHONE:	WORK PHONE:		
EMAIL ADDRESS VERY IMPORTANT				MALE
COMPLETE THIS SECTION IF UNDER AGE 18:				FEMALE
MOTHER'S or GUARDIAN'S NAME		HOME PHONE	WORK PHONE	
FATHER'S or GUARDIAN'S NAME		HOME PHONE	WORK PHONE	

List any medical problem or prohibition player has _____

TEAM REQUEST / TEAM REPRESENTATIVE'S NAME:

PLAYING EXPERIENCE
_____ YEARS

PLEASE CHECK APPROPRIATE BOX:

US CITIZEN

YES NO

Name of team in Fall Season _____

RELEASE AND DISCLAIMER	
Soccer is a contact sport including risk of serious injury, disability or death. Not all risks are foreseeable. In consideration of being allowed to participate, I agree to release, waive, and covenant not to sue USASA or affiliates on account of injury, death or property damage alleged to be caused in whole or in part by affiliates' actions or omissions. I HAVE READ THE RELEASE & DISCLAIMER AND RECOGNIZE THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING. I KNOWINGLY ASSUME THE RISK.	
PLAYER'S SIGNATURE _____	DATE _____

PARENTAL AUTHORIZATION (IF PLAYER IS UNDER THE AGE OF 18)	
I, the parent, guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the 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.	
CONSENT FORM MEDICAL TREATMENT (MINOR)	
As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.	
BY:	_____
PLEASE PRINT THE NAME OF PARENT OR GUARDIAN	
Signature: _____	Date: _____

ICSA OFFICE USE ONLY	
TEAM ASSIGNED:	_____
RECEIVED BY:	_____
PAYMENT BY: Cash ___ Check ___ Money Order ___	
AMOUNT: _____ Check # _____	

IMPORTANT NOTICE:

REFUND POLICY:

100% up to last day of registration period
50% from end of late registration up to 1st game
\$0 after 1st game is played