

AGE GROUP: U -
Fall 2010 SEASON

Mother's Date of Birth is required to assign a unique ID for each player.

Month: _____ Day: _____

Louisiana Soccer Association
SOUTH TANGI YOUTH SOCCER ASSOCIATION
 P.O. Box 3013
 Hammond, LA 70404

Volunteers
 Coach _____ Asst. Coach _____
 \$75 U6, U8, U10 & Recreational
 \$150 ALL D-1 U-10 & Up
 \$5.00 discount for additional sibling registered.

MEMBERSHIP FORM

ADULT	NEW	PREMIER	DIVISION I	RECREATIONAL	Birth Date Verified: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please Print Legibly

_____ Last Name _____ First Name _____ Init _____

_____ Address _____ City _____ State _____ Zip Code _____

(_____) _____ - (_____) _____ - _____ / _____ / _____
 Area Code Telephone Number Area Code Telephone Number Month Day Year Gender (M/F)
Date of Birth

Email Address: _____

Email Address: _____

Father's Name: _____ Occupation: _____ Cell Phone: _____

Mother's Name: _____ Occupation: _____ Cell Phone: _____

List any medical problem of the player: _____

Person to notify in event of an emergency: _____ Phone: _____

Doctor to notify in event of an emergency: _____ Phone: _____

Number of prior Seasons played: _____ Last Team/Coach: _____ Last League: _____ Date of last season: _____ 20____

Other children _____ Age _____
 From family _____
 Playing in league _____ Age _____

I, the parent/guardian of the registrant, agree that I and the registrant will abide by the rules of this league, the Louisiana Soccer Association (LSA), the United States Youth Soccer Association (USYSA), and the United States Soccer Federation(USSF) and its affiliated organizations. Recognizing the possibility of physical injury associated with soccer and in consideration for the registrant being accepted as a participant in this soccer program, I hereby release, hold harmless and agree to indemnify, this league, the LSA, the USYSA, and the USSF, their affiliated organizations, and all persons, officers, coaches, and officials, including the owners of fields and facilities used for the programs, from any and all liability of every nature, kind and description as a result of any injuries, hurt or damage sustained by registrant as a result of his/her participant in this soccer program and/or being transported to or from the same.

CONSENT FOR 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 department.

Signature: _____ Date: _____

COMMENTS:

Others Registered: NO: <input type="checkbox"/>	Name: _____
Received By _____	Cash/Check No. _____ \$ _____
Date _____	Minus Discount \$ _____
	Total Paid \$ _____