

Liberty Hill Youth Soccer Association, Spring 2010

Please complete both sides of this form and return it with full payment to LHYSA by February 15th, 2010. Registration fees are \$80 for one child, \$150 for two children, \$210 for three children, and \$280 for 4 children. Parents are required to volunteer time to the Association. Those unable to volunteer should enclose an additional \$50 per family in lieu of volunteer hours. Registration form and payment may be returned by U.S. Mail to LHYSA, PO Box 220, Liberty Hill, TX 78642; or dropped off at Blue Moon Video/br Liberty Hill Office & Supply. Late applications will be accepted until February 20, 2010 for an additional \$20.00 per child

This application cannot be accepted if not fully completed.

Player's Name _____ Nickname _____
 Date of Birth _____ Current Age _____ Gender _____
 Mailing Address _____ City _____ Zip Code _____
 Home Phone (____) _____ Add me to LHYSA's e-mail newsletter list. Yes No
 Father's E-mail Address _____
 Mother's E-mail Address _____

INFORMATION IN THIS SECTION IS USED TO FAIRLY BALANCE TEAMS. INFORMATION MUST BE ACCURATE.

Number prior seasons played _____
 Last Team's Coach _____ Last League _____ Date of last season _____
 Height _____ Weight _____ School _____ Grade _____

Father _____ Home Phone _____ Cell Phone _____
 Mother _____ Home Phone _____ Cell Phone _____

List any medical problem or prohibition player has _____

Emergency Contact Name _____ Phone _____

Doctor/Clinic _____ Phone _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Liberty Hill Youth Soccer Association and US Youth Soccer Association, its affiliated organization.

Recognizing the possibility of physical injury associated with soccer and in consideration by the USYSA, accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA and LHYSA, its sponsors, 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.

Name of Parent/Legal Guardian
(please print)

Signature

UNIFORM SIZE

Circle the desired size shirt, shorts and socks for your player. Use the measurement chart to choose the correct size. Uniforms may not be returned or exchanged due to incorrect requests.

SHIRT SIZE

Youth Small
 Youth Medium
 Youth Large
 Adult Small
 Adult Medium
 Adult Large
 Adult XL
 Adult 2 XL

Chest Size

24-26 inches
 26-28 inches
 30-32 inches
 34-36 inches
 38-40 inches
 42-44 inches
 46-48 inches
 50-52 inches

SHORTS SIZE

Youth Small
 Youth Medium
 Youth Large
 Adult Small
 Adult Medium
 Adult Large
 Adult XL
 Adult 2 XL

Waist Size

22-24 inches
 24-26 inches
 26-28 inches
 30-32 inches
 32-34 inches
 36-38 inches
 40-42 inches
 44-46 inches

(Note: soccer shorts fit shorter than fashion shorts or basketball shorts)

SOCKS

Small (child shoe)
 Medium (youth to small adult shoe)
 Large (medium to large adult shoe)

Length

18 inches
 24 inches
 30 inches

Other children from immediate family enrolling in LHYSA this season

_____ Age _____
 _____ Age _____
 _____ Age _____
 _____ Age _____

PARENTAL PARTICIPATION REQUIRED!

LHYSA is an organization run completely by volunteers. All parents are required to participate. Volunteers for Coach or Asst. Coach must complete the Coaching Application at www.libertyhillsoccer.org and attend Coaching Orientation.

Please circle the area(s) in which you will help. If you are unable to volunteer time, a payment of \$50 per family should be enclosed with the application.

- Coach
- Assistant Coach
- Field Preparation/Maintenance
- Fundraising
- Concessions
- Special Events
- Parent Sponsor (\$50 enclosed in lieu of volunteer hours)
- Team Sponsor (\$250 seasonal contribution)
- Corporate Sponsor (\$1,000 annual contribution)

LHYSA is a 501(c)3 charitable org. Contributions are tax deductible.

Permission to Photograph Registrant

Yes, LHYSA has my permission to use photographs of my child in LHYSA-owned print and on-line publications for positive publicity purposes.

No, LHYSA does not have my permission to use photographs of my child.

Parent/Guardian Signature

www.libertyhillsoccer.org

LHYSA Medical Release, Spring 2010

NOTE: Release Must be signed PRIOR to practice, or player will not be able to practice/play

My child is NOT available to practice on the following weekday evenings:

Special Requests

When possible, LHYSA attempts to honor certain requests when it comes to assigning players to teams. Please indicate in the space below if your family requires special consideration in one of the following areas.

 Please assign my child to the same team as his/her sibling (sibling must be in the same age division). Provide sibling's name and date of birth:

Because LHYSA's first priority is to create well-balanced teams, coaching requests will be honored only when the request can be fairly accommodated, and only in cases where a reasonable explanation for the request is provided below.

I, (name of parent or legal guardian) _____, hereby give permission for any and all emergency medical attention necessary to be administered to my child, (child's name) _____, in the event of accident, injury, sickness, etc., while he or she is under the care of coaching staff, referees or directors of the Liberty Hill Youth Soccer Association, until such time as I may be contacted.

If I can not be contacted, I give permission for treatment of my child as may be required and determined by the appropriate health care professional who is present. Any coach, referee or director of the Liberty Hill Youth Soccer Association has my permission to allow necessary medical treatment for my child listed above. This release is effective during LHYSA practices and games during the current soccer season.

I hereby assume responsibility for payment of such treatment and have included my child's insurance information. LHYSA carries a secondary medical insurance policy on each player.

Primary Insurance Provider _____

Name of Policy Holder _____

Policy Number _____

Primary Care Physician _____ Phone _____

Preferred Hospital _____

Known allergies or medical conditions of child _____

Medications child is taking _____

Name of Parent/Legal Guardian _____

Signature _____ Date _____

LIBERTY HILL YOUTH SOCCER ASSOCIATION PLAYER & PARENT CONTRACT, Spring 2010

This Agreement, which MUST be signed by both player and parent, is to ensure that parents and players are aware of their expectations as participants in the LHYSA.

1. We, parent and player, agree to show respect for all coaches, game officials and opponents.
2. We, parent and player, agree to conduct ourselves in a civil and cordial manner, at all LHYSA functions.
3. In order to assist league officials in creating fair and balanced teams, parent and player agree to participate in a Skills Assessment to be announced. This Skills Assessment is for players in U10, U12 or U19 age divisions.
4. We, parent and player, understand that **THE PLAYER IS EXPECTED TO ATTEND ALL PRACTICES AND GAMES.** When an individual is absent on game day, remaining players have fewer breaks during the game placing everyone at higher risk of dehydration, fatigue and injury. **If a player is ill or must be absent for other reasons, parents must contact the coach at least three hours prior to practice or one day prior to a game.** A coach may choose to limit playing time during games for players who miss practice without providing reasonable notice.
5. **As a parent, I agree to be involved in the Association as a volunteer (see registration form for areas where volunteers are needed) or as a Parent Sponsor (\$50 contribution enclosed in lieu of volunteer hours).**
6. We, parent and player, agree to notify the LHYSA Board of Directors immediately when we become aware of a problem within the LHYSA program.
7. We, parent and player, agree to respect and protect the facility where we practice and play games. This includes abiding by the following rules of LHYSA and the park: **NO PETS**, no smoking or use of tobacco products on or near fields, no glass containers, dispose of trash in receptacles, keep children off soccer goals and nets.

I, as a player, accept these conditions. _____ Date _____
Player Signature

I, as a parent, accept these conditions. _____ Date _____
Parent Signature