



Fall 2017 CITY-WIDE RECREATIONAL PROGRAM REGISTRATION
Program Starts Saturday, September 16th @ the Kane Field- across from South Lawrence East School

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_
Address: \_\_\_\_\_ Zip: \_\_\_\_\_
School: \_\_\_\_\_ Grade: \_\_\_\_\_
Tel. \_\_\_\_\_ Home Cell Work / Tel. \_\_\_\_\_ Home Cell Work
Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_
Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_
Emergency Contact: \_\_\_\_\_
Relationship to Child: \_\_\_\_\_ Tel. \_\_\_\_\_ Alt. Tel. \_\_\_\_\_
Special health needs (including any instructions for special medical needs/food allergies): \_\_\_\_\_

\$15 Fee Enclosed: Yes No Partial Payment (Please provide brief explanation with this form. This form will be kept entirely confidential).

Payments can be mailed to the address below. You will receive an email confirmation upon receipt.

T-Shirt Size (please select one): YS YM YL AS AM AL

AGREEMENT

- 1. I give permission for my child to participate in the Lawrence City-wide Recreational League, a program of Beyond Soccer. I hereby certify that my child is in normal health and capable of safe participation in youth sports programs. I assume all risks and hazards incidental to the conduct of this program.
2. I hereby authorize Beyond Soccer to obtain medical treatment for my child in the event his/her parents (or legal guardian), and the child's emergency contact cannot be reached. This authorization, intended for emergency use only, and includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a licensed physician, nurse, or dentist for my child.
3. I hereby give my consent for Beyond Soccer to use my child's photograph and likeness in its potential publications (newsletter), including their websites and social media pages. I release Beyond Soccer from any claim of violating privacy or confidentiality rights that I could assert for the above minor child and myself and attest that I am the parent or legal guardian of the child listed above.
4. I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the United States Youth Soccer Association (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.

Signature of Parent or Legal Guardian Printed Name of Parent/Legal Guardian Date