

CO-ED LEAGUE Registration Form



FOR ASSOCIATION USE ONLY

CASH/CHECK	FEE	DIVISION
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LEAGUE FEE \$80 (online); \$85 (in person)

A \$10 late charge is added to all registrations after the March 31st; \$25 fee charged for NSF checks.

REGISTRATION DATES/TIMES: On-line at www.lhsasoccer.org (click on "Registration" button on home page and then the "On-line" link, follow instructions) from March 1st – March 30th. In person registration on March 31st, from 7-9 pm at LHSA office, 9603 White Rock Trail, Suite 314, Dallas, Texas 75238; Phone: (214) 221-0808 or during regular office hours (T & TH 10 am – 1 pm) before that date. LHSA Website is www.lhsasoccer.org.

Parents for players under 18 years of age should complete this application in full and turn in with registration fee. Checks or Money Orders should be made payable to Lake Highlands Soccer Association.

A copy of the player's Birth Certificate is REQUIRED if this is player's **First Season** in LHSA. If registering on-line mail birth certificate to LHSA, P. O. Box 38353, Dallas, Texas, 75238.

Notice: There will be no guarantee of acceptance for Registration Forms received after the last registration date.

Player's Name: _____ **Date of Birth:** _____
Last First Middle MM/DD/YY

Address: _____ **School:** _____

City: _____ **Zip:** _____ **Grade:** _____ **BOY:** _____ **GIRL:** _____

Player's Email: _____ **Phone where player resides:** _____

Parents:

Mom's Name: _____ **Dad's Name:** _____

Home Phone: _____ **Home Phone:** _____

Work Phone: _____ **Work Phone:** _____

E-mail: _____ **E-mail:** _____

Child's Soccer Experience (if any) Total Seasons Played: _____

REQUIRED INFORMATION:

Are you now or have you been registered on a NTSSA team for the current Fall or Spring Season? Yes ___ No ___

If Yes, which association: _____ Team Name: _____

PARENTS: Would you be willing to assist the Lake Highlands Soccer Association as a:

DAD - Coach: _____ **Assistant Coach:** _____ **Commissioner:** _____ **Board Member:** _____ **Referee:** _____ **Other:** _____

MOM - Coach: _____ **Assistant Coach:** _____ **Commissioner:** _____ **Board Member:** _____ **Referee:** _____ **Other:** _____

I, the parent/guardian of the registrant if a minor, or I, the registrant, if not a minor, agree that I and the registrant will abide by the rules of the USYSA, LHSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and LHSA accepting the registrant for its soccer programs and activities (the Program), I hereby release, discharge and/or indemnify LHSA, the USYSA, its affiliated organization, sponsors, their employees and associated personnel, including the owners of fields and facilities used for the Program against any claim by or on behalf of the registrant as a result of registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize. I further 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.

 Parent or Guardian if registrant is a minor (printed) Date Signature
 Registrant, if not a minor (printed)

SPECIAL REQUESTS: (There is no guarantee that a special request can/will be honored.)

Requested Team: _____

Requested Coach: _____

Requested Assignment with following players: _____

Other Request: _____