



# LYSA

## Loudonville Youth Soccer Association

Affiliated with Ohio Youth Soccer Association-North and US Youth Soccer (Youth Division of US Soccer Federation/FIFA)

PO BOX 237, Loudonville, Ohio 44842

Web: [www.loudonvillesoccer.com](http://www.loudonvillesoccer.com) Email: [lysa@soccer.com](mailto:lysa@soccer.com)

### LYSA MEMBERSHIP APPLICATION

**For League Use**

- Transfer
- New
- Re-Registration
- Change

|  |                      |  |                  |                     |             |  |
|--|----------------------|--|------------------|---------------------|-------------|--|
| P<br>L<br>A<br>Y<br>E<br>R   | Last Name _____      |  | First Name _____ |                     | Init. _____ |  |
|  | Address _____        |  |                  |                     |             |  |
|  | City _____           |  | State _____      | Zip _____           |             |  |
|  | Phone: (_____) _____ |  |                  | Male = M<br>Fem = F |             |  |
| BIRTH DATE: Month _____ / Day _____ / Year _____ (FIVE YEARS OF AGE OR OLDER UNLESS PREVIOUSLY REGISTERED) |                      |  |                  |                     |             |  |

|   |                  |                           |                    |
|---|------------------|---------------------------|--------------------|
| Father's Name _____                                       |                  | Home Phone _____          | Cell Phone : _____ |
| Mother's Name _____                                       |                  | Mother's Birthdate _____  | Cell Phone : _____ |
| (This Information is Required by the State)               |                  |                           |                    |
| List any medical problem or prohibition player has: _____ |                  |                           |                    |
| Doctor to notify in emergency: _____ Telephone: _____     |                  |                           |                    |
| Number prior seasons played: _____                        | Last Team: _____ | Date of Last Season _____ |                    |
| Height _____  | Weight _____     | School _____              | Grade _____        |
| <b>UNIFORM SIZE</b>                                       |                  |                           |                    |
| Youth   |                  | Adult                     |                    |
| SHIRT: S M L  | S M L XL         | Other _____               | Age _____          |
| Comments:   |                  | Children _____            | Age _____          |
|   |                  | From Family _____         | Age _____          |
|   |                  | Presently In League _____ | Age _____          |

**IMPORTANT**

I, the parent/guardian of the registrant, a minor, agree that the registrant and I 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, the OYSAN, and the LYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, the OYSAN, and the Loudonville Youth Soccer Association, their 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.

NAME \_\_\_\_\_  
Parent / Legal Guardian (please print)

Signature: X \_\_\_\_\_

**PARENTAL SUPPORT**

We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.

|  |   |
|--|---|
| <input type="checkbox"/> Coach                       | <input type="checkbox"/> Land Acquisition Committee     |
| <input type="checkbox"/> Asst. Coach                 | <input type="checkbox"/> Referee                        |
| <input type="checkbox"/> Help w/ Traveling Team      | <input type="checkbox"/> Fund Raising / Raffle          |
| <input type="checkbox"/> Team Parent                 | <input type="checkbox"/> Clerical - League Organization |
| <input type="checkbox"/> Special Projects (Parades?) | <input type="checkbox"/> Concessions                    |
| <input type="checkbox"/> Field Preparation / Setup   | <input type="checkbox"/> Donor / Team Sponsor           |
| <input type="checkbox"/> Board Member (LYSA)         | <input type="checkbox"/> Player Registration            |
| <input type="checkbox"/> Publicity - Newsletter      | <input type="checkbox"/> Scorer / Fourth Official       |

OTHER: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or legal guardian of the above-named player, I hereby give 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.

Signature of Parent or Guardian:  
X \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**OFFICIAL USE ONLY**

Birthdate Verified:  Yes  No

**Registration Fees:**  
 Player Fee: \$ \_\_\_\_\_ (\$32.00 / child - Fall Only)  
 (\$60.00 for Fall AND Spring)

|                             |                 |                                 |
|-----------------------------|-----------------|---------------------------------|
| Coach's Fee (If Applicable) | \$ _____        | Received By (Initials)<br>_____ |
| Other                       | \$ _____        |                                 |
| <b>TOTAL</b>                | <b>\$ _____</b> | Date _____                      |

Cash: \$ \_\_\_\_\_ / Check No. \_\_\_\_\_ : \$ \_\_\_\_\_