

Lufkin Futbol Club (LFC)

Angelina Youth Soccer Association

P.O. Box 153908

Lufkin, TX 75915-3908

www.angelinayouthsoccer.org

2010/2011 Select Season

\$75 due at tryout

Select Player Registration Form

Amount Paid _____ cash/ ck # _____ Rec'd by _____

Birth certificate - on file _____ attached _____ need _____

Date of Birth: Month ___ Day ___ Year ___ Age _____

Circle: Male / Female Play up request? No Yes, if yes attach play up form

U10 U11 U12 U13 U14 U15 U16 U17 U18 U19

Player's Name: Last _____ First _____ Initial _____

Address _____ City _____ Zip Code _____

Home Phone _____ Player's Cell # _____

Player's Email _____

Grade-Fall 2008 _____ Live in Angelina County: Yes / No

School District: Lufkin Diboll Hudson Huntington Central Zavalla Other _____

Previously played: Fall _____ Spring _____ Team Name _____

For Team use only:

Shirt size(circle one) Youth: **XS** (4-6) **S** (6-8) **M** (10-12) **L** (14-16) Adult: **S** **M** **L** **XL**

Short size(circle one) Youth: **XS** (4-6) **S** (6-8) **M** (10-12) **L** (14-16) Adult: **S** **M** **L** **XL**

Father's Name _____ Occupation _____ Work# _____

Home# _____ Cell# _____ Email _____

Mother's Name _____ Occupation _____ Work# _____

Home# _____ Cell# _____ Email _____

Person to Notify in Emergency _____ Phone _____

Doctor to Notify in Emergency _____ Phone _____

Please list any allergies/medical conditions/medications we should know about:

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USTSA, it's affiliated organizations and sponsors, recognizing the possibility of physical injury associated with soccer, and in consideration by the USYSA excepting the registrant for its soccer programs and its 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 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 program and/or being transported to the same, which transportation I hereby authorize.

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 _____ Phone _____

Address _____ Best phone number to reach you _____

City _____ State _____ Zip Code _____