

**Lufkin Futbol Club (LFC)**

Angelina Youth Soccer Association  
P.O. Box 153908  
Lufkin, TX 75915-3908  
www.angelinayouthsoccer.org



**2011/2012 Select Season  
\$75 due at tryout  
Select Player Registration Form**

Amount Paid \_\_\_\_\_ Cash/ ck # \_\_\_\_\_ Rec'd \_\_\_\_\_  
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

Player's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Player's Cell # \_\_\_\_\_

Player's Email \_\_\_\_\_

Grade-Fall 2011 \_\_\_\_\_ Live in Angelina County: Yes / No

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 USYS, its 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 \_\_\_\_\_

Best phone number to reach you \_\_\_\_\_