

LOUISA FC TRAVEL SOCCER REGISTRATION FORM

PLAYER INFORMATION (please fill in completely)

Players Last Name: _____

Players First Name: _____

Address: _____ City: _____

Zip: _____ Phone Number: _____ Sex: Male or Female (circle one)

Birthdate: _____ Age: _____ (as of August 1)

Uniform Size: YM YL AS AM AL AXL AXXL

**I voluntarily desire to play travel soccer for the Louisa Futbol Club,
of the Louisa Area Soccer Association (LASA).**

**I understand that signing the form binds me to the above named team for the entire seasonal year
(Both summer /fall) unless of medical injury (in which proper documentation must be provided)
or request for transfer is approved by the Louisa FC Board.**

**I agree to remain a member of my LFC team until I am properly released by the Louisa FC Board.
Upon request, I agree to return any uniform or equipment that has been issued to me. These items will
be returned in the same condition of which it was received; except for normal wear and tear.**

Signature of Player

Print Name of Player

PARENT/GUARDIAN INFORMATION (please fill in completely)

Parent/Guardian Last Name: _____

Parent/Guardian First Name: _____

Phone Number: (home) _____

Phone Number: (cell) _____

E-Mail Address: _____

Louisa FC needs your help. Please check those areas in which you can assist us:

Assistant Coaching _____ Team Manager _____ Nets & Fields _____ Fund Raising _____

PLEASE NOTE:

Louisa FC does not guarantee any coaching position. If you are interested in coaching, please contact the
Louisa FC President / LASA Travel Commissioner
RJ Harding III at (540) 661-9356 or coachharding@louisafc.com

EMERGENCY INFORMATION (please fill in completely)

Emergency Contact Name: _____

Phone Number: _____

Doctor: _____

Phone Number: _____

Hospital Preference: _____

Insurance Name: _____

I understand that signing this form binds my son/daughter to the Louisa Futbol Club for the entire seasonal year (Both summer /fall) unless of medical injury (in which proper documentation must be provided) or request for transfer is approved by the Louisa FC Board.

I hereby give my consent and approval for my son/daughter to participate in this activity sponsored by Louisa FC and LASA. I will not hold association members, coaches, or volunteers responsible in case of accident or injury as a result of my child's participation in this program. I understand the risks involved with this activity and know that my child is physically able to participate in this program.

Louisa FC and LASA provide secondary medical insurance through Virginia Youth Soccer Association (VYSA) for individual participants (a deductible may apply). In the event of an emergency, I hereby give my consent for a representative of Louisa FC and LASA to arrange for medical or emergency room treatment by a physician on staff.

Signature of Parent/Guardian

Print Name of Parent/Guard