



# Lyme-Old Lyme Soccer Club Registration and Medical Release Form

ATTACH PHOTO HERE

Select age group: U \_\_\_\_\_ Boys: \_\_\_\_\_ Girls: \_\_\_\_\_ Registration Number: \_\_\_\_\_  
(Provided by LOLSC) (Provided by LOLSC)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
(Copy of Birth Cert. Required for 1<sup>ST</sup> yr in club)

Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_ U.S. Citizen: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Sex: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Name and Phone Number other than Parents/Guardian.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Uniform Sizes:**  
Youth: YS YM YL  
Adult: AS AM AL AXL  
Circle the desired size if ordering a uniform.

Primary Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Known allergies or other pertinent medical information: \_\_\_\_\_

Recognizing the possibility of physical injury associated with soccer and in consideration for Lyme–Old Lyme Soccer Club (LOLSC) and its affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify LOLSC 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's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs. Therefore, I grant LOLSC and/or it's coaches' permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Print Parents/Guardians Name: \_\_\_\_\_

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

**SCHOLARSHIPS are available for financial reasons only - please contact a LOLSC Board Member**

**I would like to help the soccer club by volunteering in the following areas:**

- Coaching / assisting (please complete coaching interest form)
- Fundraising (Soccer Ball, Jackets etc...)
- Field Coordinator
- Administrative tasks (club mailings, player passes, etc)
- Field preparation (setting goals, clean up, etc)
- Website
- other

**Tryouts-**  
Will player participate in tryouts in June?  
**Yes / No** (circle)  
**All Players Must be Paid in Full Prior to Tryouts**

Signature of Player: \_\_\_\_\_

### For Club Use Only

Registration Paid \_\_\_\_\_ Uniform Paid \_\_\_\_\_ Balance: \_\_\_\_\_ Birth Certificate: Y/N