

**Lexington County Soccer Club – Rec Div.**  
**Post Office Box 543, Lexington, SC 29071**  
**Phone: 465-4587**

**SPRING 2012 SOCCER REGISTRATION**

*On-line at [www.lexingtonsoccerclub.com](http://www.lexingtonsoccerclub.com)*

OR

**Lexington Leisure Center: January 15<sup>th</sup> (2:00 - 5:00 pm)**

**COST: \$85 PER PLAYER (ON-LINE) – \$90 PER PLAYER (BY MAIL OR IN-PERSON)**

**NO REGISTRATIONS ACCEPTED AFTER JAN. 15<sup>TH</sup>**

PLAYER INFORMATION: (PLEASE PRINT AS IT APPEARS ON PLAYER'S BIRTH CERTIFICATE)

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

School that player attends (or will attend if pre-K): \_\_\_\_\_

Comments/Medical Concerns: \_\_\_\_\_

Most Recent Team & Coach \_\_\_\_\_

**(NOTE: EXCEPT IN THE CASE OF SIBLINGS, WE CANNOT GUARANTEE PLACEMENT ON ANY SPECIFIC TEAM OR WITH ANY SPECIFIC COACH)**

FATHER:

Last: \_\_\_\_\_ First: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_

I can help as: Coach Asst. Coach Team Parent Club Store Sponsorship

MOTHER: (NOTE: MOTHER'S MAIDEN NAME NEEDED FOR WEB SITE SECURITY)

Last: \_\_\_\_\_ First: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_

I can help as: Coach Asst. Coach Team Parent Club Store Sponsorship

**Coaches needed in all age groups. Training provided. Please volunteer to help**

**VERIFICATION STATEMENT**

I certify that I am the parent or legal guardian of the registrant. I the parent / guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Lexington Recreational Soccer Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of the Lexington Recreational Soccer Club, accepting the registrant for its soccer programs and activities (the programs), I hereby release, discharge and / or otherwise indemnify the Lexington Recreational Soccer Club, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized by the programs and / or being transported to or from the same, which transportation I authorize. I certify the registrant is medically able to play soccer. I also 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 life, limb, or well being of the registrant. I have received a copy and will abide by the parents code of conduct as given by Lexington Recreation Soccer Club, Inc. I authorize Lexington Recreation Soccer Club, Inc to release photographs of the registrant to media, including but not limited to newsprint, television, internet, for the promotion of soccer without any reimbursement.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICIAL USE ONLY**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Under 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12 / 13 / 14 / 15 / 16 / 17 / 18

Player Fee: \_\_\_\_\_ { cash / check number: \_\_\_\_\_ } Birth Certificate Attached: Yes / No