

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

Fall 2009 SOCCER REGISTRATION

On-line at www.lexingtoncountysoccerclub.com

or

Lexington Leisure Center: August 1st and 8th (9:30am - 1:30pm)
Gilbert-Summit Senior Center or Batesburg Leisure Center: August 1st and 8th (10am-1pm)
Cost: \$70 per player (on-line) - \$75 per player (by mail or in-person)
\$10 discount for each additional player in the same family
\$10 late fee after Aug. 8th - No registrations accepted after Aug. 22nd

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



Parent's Code of Conduct

I hereby pledge to provide support, care, and encouragement for my child participating in soccer by abiding by this code of conduct.

I will encourage fair play (good sportsmanship) and respect by demonstrating positive support for all players, coaches, and officials at every game, practice, and soccer event.

I will place the emotional and physical well being of my child ahead of any personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.

I will refrain from coaching my child and other players from the sidelines, thereby respecting the responsibilities I have placed on the coach.

I will demand a drug, alcohol and tobacco free sports environment for my child and agree to assist by refraining from their use at all soccer events.

I will refrain from verbal abuse, unsportsmanlike and disruptive use of noisemakers, intimidation or physical altercations at any soccer venue.

I will remember that the game is for the children and NOT for the adults.

I will refrain from bringing pets to any soccer event.

I will do my best to make soccer fun for my child.

I will ask my child to treat other players, coaches, fans and official with respect regardless of race, sex, creed, or ability.

I will promise to help my child enjoy the soccer experience within my personal constraints, by assisting with coaching, being a respectful fan, providing transportation or whatever I am capable of doing.

I will require that my child's coach be trained in the responsibility of being a youth soccer coach and that the coach agrees and adheres to the Code of Ethics.

I will obey and support both the letter and the spirit of the laws of the game.

I will accept the decisions of the officials, coaches, and club administrators without arguments or derogatory comments.

I will use only positive encouragement to either team from the sidelines.

I will avoid interference in the play of games by remaining behind the designated spectator line on the field opposite the team's side.

I will conduct myself with dignity and encourage the same behavior from others. Violation of the Code of Conduct in any manner may result in a hearing and/ or be just cause for suspension and/or fine.

Please read and initial each line:

_____ I understand that if there are not enough volunteers to coach, my child may not be able to play.

_____ I understand that all teams will be broken up and reassigned randomly each Fall.

_____ I understand that I will not be able to choose my coach.

Parents Signature: _____ Date: _____

Print Name: _____