



LOYALHANNA UNITED SOCCER CLUB

Youth Soccer – Small Team Games and Practice – Registration

Loyalhanna Soccer Park – Thursdays 6pm-7pm / Saturdays 9:00am -10:00am

Starts Thursday April 12, 2012 – 7 Week Season

Spring Season Fee: \$60 New Players / \$35 Returning Fall 2011 Players

Player Name _____ Parent/Guardian _____

Address _____ City _____ Zip _____

Phone _____ Age _____ Birth Date _____ E-mail _____

Open for children in the following age groups -

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| U5 : Born between Aug. 1, 2006 – July 31, 2007 |
| U6 : Born between Aug. 1, 2005 – July 31, 2006 |
| U7 : Born between Aug. 1, 2004 – July 31, 2005 |
| U8 : Born between Aug. 1, 2003 – July 31, 2004 |
| U9 : Born between Aug, 1, 2002 – July 31, 2003 |

***** Copy of birth certificate is required for registration for new players *****

Open to the 1st 60 players registered

DEADLINE FOR REGISTRATION IS March 9, 2012

I allow my son/daughter to participate in the activities of Loyalhanna United Soccer Club and will subject them to their authority during such activities.

Parent Signature _____ Date _____

T-Shirt Information – For New Spring 2012 Players

Shirts: Youth Small Youth Medium Youth Large (Circle One)

What each player should bring to games and practice

1. Size 3 or 4 soccer ball
2. Shin guards (covered completely by long socks)
3. Water bottle
4. Soccer cleats or sneakers

Please mail registration and medical release form, copy of birth certificate and fee payable to Loyalhanna United Soccer Club to:

Romi Green, Registrar, 3029 McClellan Dr, Greensburg, PA 15601. Tel: (724) 830-9394
e-mail: romigreen@comcast.net

For more information visit www.loyalhanna.org

MEDICAL RELEASE FORM

As the parent/legal guardian of _____, I request that in my absence the above player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentist, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedure, treatment and operative procedures, and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named player.

Date of Players Birth _____ Date of last Tetanus _____
Mo. Day Year Mo. Day Year

Known allergies of this player, including any allergies to medicine _____

Any other medical problems which should be noted _____

Family Physician _____ Phone _____

Name of Parent/Guardian _____
Address _____
City/State/Zip _____
Home Phone _____ Work Phone _____

Person responsible for charges (if different than above) _____
Address _____
City/State/Zip _____
Home or Work Phone _____ Mobile Phone _____

Person to notify if Parent/Guardian is unavailable _____
Home or Work Phone _____ Mobile Phone _____

Insurance Carrier _____ Policy # _____

I understand that soccer is a competitive sport and I will not hold Loyalhanna United Soccer Club, Unity Township Recreation, or its staff/volunteers or associated organization responsible for any injury or loss of personal belongings.

Signature of Parent/Guardian _____ Date _____