



LOYALHANNA UNITED SOCCER CLUB

**Registration Form -Spring 2012 Players (U14, U12, U11, U10 -Did Not Play Fall '11)**

Player Name \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Age \_\_\_\_\_  
Birth Date \_\_\_\_\_ E- Mail \_\_\_\_\_

**Fees**

\$100.00 for Spring 2012 season players. Fees cover uniforms, referee costs, PAWest fees, and club operating expenses.

**Note: \$20 late sign up fee will apply to any registrations accepted after February 10, 2012. This fee covers administration costs for roster changes, uniform order changes, and shipping charges.**

Checks should be made payable to Loyalhanna United Soccer Club. Refunds for medical reasons only, unless approved by the Board of Directors.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Uniform Information – please circle size for each!**

SHIRTS: YM YL YXL S M L XL SHORTS: YM YL YXL S M L XL  
SOCKS: Intermediate Size = Shoe Size 4 ½-8 ½ / Adult Size = Shoe Size 9-12

**Deadline for registration is February 10, 2012**

**Needed For Registration**

- 1" x 1" current photograph (can be e-mailed)
- Copy of birth certificate (can be e-mailed) - not required if previously played for LUSC

Please mail registration and fee payable to Loyalhanna United Soccer Club to:

Romi Green-Registrar  
Loyalhanna United Soccer Club, Inc.  
3029 McClellan Dr, Greensburg, PA 15601  
Tel (724) 830-9394 ~ e-mail: [romigreen@comcast.net](mailto:romigreen@comcast.net)

## 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 Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to notify if Parent/Guardian is unavailable \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

I understand that soccer is a competitive sport and I will not hold Loyalhanna United Soccer Club or its staff and volunteers or associated organization responsible for any injury of personal belonging.

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

**[www.loyalhanna.org](http://www.loyalhanna.org)**

If you have any questions please contact: Romi Green ~ Tel (724) 830-9394 ~ e-mail: [romigreen@comcast.net](mailto:romigreen@comcast.net)