



LOYALHANNA UNITED SOCCER CLUB

Registration Form –Spring 2012 Players (Boys/Girls U15, U16, U17, U18, U19)

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

Fees

\$110.00 for spring 2012 season players. Fees cover uniforms, referee costs, **team “no-show” bond**, 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 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

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

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