

Lake Country Soccer

Summer Individual Registration Form

2334 E. Pythian Springfield, MO 65802 www.lakecountrysoccer.org

Summer League begins the week of June 9, 2008
Registration deadline May 27, 2008

Individual Registration Fees

*\$50 for the Major Leagues (U8 and Older)

*\$45 for Minor Leagues (Age 3-6)

Players Name _____

Daytime Phone _____ **Cell#** _____

Home Address _____

E-mail Address _____

Male ___ **Female** ___ **Age** ___ **Date of Birth** _____

Desired Type of Team **Male Only** ___ **Female Only** ___

Check all that apply **Over 30 Men** ___ **Co-Ed** ___

Minor League Age 3-4 ___ **Minor League 4.5-6** ___

I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of the above listed minor applicant/participant acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their actions, inactions or negligence, but action, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability, or death, hereby release, discharge, covenants to indemnify and not to sue Missouri Youth Soccer association, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the programs and/or being transported to and from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the program. I hereby give my consent to have an athletic trainer, coach, and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also to agree to save and hold harmless and indemnify each and all parties herein referred to above as releasee from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily.

Signature of Parent/Guardian _____ **Date** _____

Please mail form and check to Lake Country Soccer 2334 E. Pythian Springfield, MO 65802

