



# Lincoln County Youth Soccer League



## SPRING 2018 FAMILY MEMBER SIGN-UP SHEET

Last Name	First Name	Init	DOB	Sex	Last Team / Season	Shirt
1.						
2.						
3.						
4.						
5.						
6.						

**Sizes: Youth - XS S M L Adult - S M L XL XXL**

Street Address		Apt #	City	State	Zip Code	Phone
						( )
Father's Name			Work Phone	( )	Cell Phone	( )
Mother's Name			Work Phone	( )	Cell Phone	( )
E-mail Address						
Emergency Contact					Phone	( )
Doctor to Notify					Phone	( )
List any Medical Problems						

Initial _____	<p><b><u>IMPORTANT</u></b></p> <p>The undersigned parent/guardian of _____, a minor, agree that I hereby release, discharge and/or otherwise indemnify Lincoln County Youth Soccer, its affiliated organizations, sponsors, donors, volunteers, coaches, coordinators, owners of fields and facilities utilized, and employees and directors of any organizations against any claim by or on behalf of the child as a result of the child's participation in the Lincoln County Youth Soccer recreational soccer league.</p> <p>I further grant the LCYS Parties the right to use the player's name, pictures and / or likeness in printed, broadcast and other materials concerning the Programs, provided such use is related to the player's status as a participant in the Programs.</p>	<p style="text-align: center;"><b><u>SCHOOL</u></b></p> <p>Please circle the school where your child attends or will attend once they begin school.</p> <p>Hamlin PK-8    West Hamlin Elem.    Duval PK-8          Midway Elem.    Ranger Elem.    Harts PK-8          Guyan Valley MS    Other _____</p> <p><b>GRADE LEVEL:</b> _____</p> <p style="text-align: center;"><b><u>PRACTICE</u></b></p> <p>Please circle the area where you would like your child to practice once soccer begins</p> <p>Hamlin    Guyan Valley    Duval    Ranger</p>
Initial _____	<p><b><u>CONSENT FOR MEDICAL TREATMENT (MINOR)</u></b></p> <p>As the parent or legal guardian of the above-named player, I hereby 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 the life, limb or well-being of my dependent.</p>	<p style="text-align: center;"><b><u>PARENTAL SUPPORT</u></b></p> <p>Circle area(s) in which you would be willing to help.</p> <p>Cheer    Asst. Coach    Team Parent    Referee          Board Member    Team Mgr    Booth Staffing          Concessions          Other: _____</p>
Initial _____	<p><b><u>REFUND POLICY</u></b></p> <p style="text-align: center;"><b>We are sorry for the inconvenience but we have a <u>NO REFUNDS</u> policy at Lincoln County Youth Soccer</b></p>	<p><b><u>OFFICIAL USE ONLY</u></b></p> <p><b>Birth Date Verified</b>    YES    NO</p> <p><b>Birth Certificate Received</b>    YES    NO</p> <p><b>Player Fee</b>    \$ _____</p> <p><b>Other</b>    \$ _____</p> <p><b>TOTAL Received</b>    \$ _____</p> <p><b>Still Owes</b>    \$ _____</p> <p><b>Cash</b> _____    <b>Check #</b> _____</p> <p><b>Date Received</b> _____</p>
Initial _____	<p><b><u>LCYS PARENT'S CODE OF CONDUCT</u></b></p> <ol style="list-style-type: none"> <li>Children have more need for example than for criticism. Attempt to relieve the pressure of the competition, not increase it. A child is easily affected by outside influences.</li> <li>Be kind to your child's coach and officials. The coach is a volunteer, giving of personal time and money to provide a recreational activity for your child.</li> <li>The opponents are necessary friends; without them your child could not participate.</li> <li>Applaud good plays by your team and by members of the opposing team.</li> <li>Do not openly question an official's judgment and honesty. Officials are symbols of fair play, integrity, and sportsmanship.</li> <li>Accept the results of each game. Encourage your child to be gracious in victory, and to turn defeat into victory by working towards improvement.</li> <li>Remember your child is involved in organized sports for their enjoyment, <b>NOT YOURS!</b></li> <li>Encourage your child to always play by the rules.</li> <li>Teach your child that honest effort is as important as victory so that the result of each game is accepted without undue disappointment.</li> </ol>	
<p>Name: _____</p> <p style="text-align: center;">Parent/Legal Guardian (please print)</p> <p>Signature: X _____ Date: _____</p>		

**SPECIFIC TEAM REQUESTS WILL BE CONSIDERED BUT ARE NOT GUARANTEED - TEAM ASSIGNMENT IS THE DISCRETION OF THE LCYS BOARD OF DIRECTORS. IN A BEST EFFORT TO AVOID "STACKING TEAMS" GIVEN OTHER COMPETING FACTORS INEXPERIENCED PLAYERS WILL BE MIXED WITH EXPERIENCED PLAYERS.**