



**LOUISA AREA SOCCER ASSOCIATION**  
**P.O. Box 1727, Louisa, Virginia 23093 (540) 967-5860**

**2012 SPRING SEASON REGISTRATION**

Children who turned age 4 before August 1, 2011 and did not reach 19 years of age as of that date, are eligible to sign up for the 2012 Spring Season. The registration fee is \$45.00, and the mailing deadline is January 31, 2012. The cost for late registrations is \$60 and will be accepted only if space is available. Please make checks payable to Louisa Area Soccer Association (LASA), and submit payment and registration to the address above.

**PLAYER INFORMATION (please fill in completely)**

Players Last Name: \_\_\_\_\_ Players First Name: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Sex: Male or Female (circle one) \_\_\_\_\_  
 Age: \_\_\_\_\_ (as of August 1, 2011) T-Shirt Size: YM YL AS AM AL AXL AXXL (circle one)  
 Please circle the school that would be closest to you for practices: Trevilians Jouett

**PARENT/GUARDIAN INFORMATION (please fill in completely)**

Parent/Guardian Last Name: \_\_\_\_\_ Parent/Guardian First Name: \_\_\_\_\_  
 Phone Number: (work) \_\_\_\_\_ Phone Number: (home) \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**LASA needs your help. Please check those areas in which you can assist us.**

Coaching\* \_\_\_\_\_ Team Parent \_\_\_\_\_ Nets & Fields \_\_\_\_\_ Fund Raising \_\_\_\_\_ Concession \_\_\_\_\_  
 \*PLEASE NOTE: Checking the box does not guarantee a coaching position. If you would like to coach, please contact Bruno Sestito at 540-967-1883 or bsestito@hotmail.com

**EMERGENCY INFORMATION (please fill in completely)**

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Hospital Preference: \_\_\_\_\_ Insurance Name: \_\_\_\_\_

I hereby give my consent and approval for my son/daughter to participate in this activity sponsored by LASA. I will not hold association members, school personnel, or volunteers responsible in case of accident or injury as a result of my child's participation in this program. I understand the risks involved with this activity and know that my child is physically able to participate in this program. LASA provides secondary medical insurance through Virginia Youth Soccer Association (VYSA) for individual participants (a deductible may apply). In the event of an emergency, I hereby give my consent for a representative of LASA to arrange for medical or emergency room treatment by a physician on staff.

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