



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



2010 Fall SEASON REGISTRATION

Children who turned age 4 before August 1, 2010 and did not reached 19 years of age as of that date, are eligible to sign up for the 2009 Fall Season. The registration fee is \$45.00, and the deadline is July 31, 2010. 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: _____
 Address: _____ City: _____ Zip: _____
 Phone Number: _____ Sex: Male or Female (circle one) Birthdate: _____
 Age: _____ (as of August 1, 2010) 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*

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