

Lake View Athletics 2018 Soccer Registration



It's time to register your child for the 2018 Lake View Athletics Soccer season. To register your child, please print legibly and complete all information:

PARENT/GUARDIAN: _____
 HOME PHONE: _____
 CELL PHONE: _____
 CELL PHONE COMPANY: _____
 EMAIL ADDRESS: _____

First Name **Last Name**

Street Address

City **State** **Zip**

GENDER: _____ AGE: _____ BIRTHDATE: _____ FRONTIER DISTRICT: YES NO

Division (Check One Based Upon birth year)

Instructional

(Age based on birth year)

- Instructional (birth year 2014 & 2015)
 Squirt (birth year 2012 & 2013)

Competitive

(Age based on birth year)

- Rookie (birth year 2010 & 2011) Minor (birth year 2006 & 2007)
 Midget (birth year 2008 & 2009) Major (birth year 2002 – 2005)

Years Played: _____ Does your son/daughter play travel soccer? (Y/N) _____ Where? _____

Uniform Sizes (please check one)

Youth

- Small (size 6)
 Medium (size 8)
 Large (size 10-12)

Adult

- Small X-Large
 Medium XX-Large
 Large

REGISTRATION FEES

League Fees

All Divisions \$75 per player

Please make check payable to
Lake View Athletics

Total: _____

Check #: _____

Family Plan – (applies to families with 3 or more players) - pay full price for the oldest child and then \$50 per player for each additional player.

COACH SIGN UP

Would you like to coach? YES NO If yes, which division? _____

YOUR NAME: _____ Circle one: HEAD COACH ASSISTANT COACH

PERMISSION SLIP

I give permission for my child, whose name is shown above, to participate in the Lake View Athletics Association Program. If my child is injured and I am not present, I give my permission to transport him/her by ambulance to the closest medical facility for attention. I also realize that my child participates at his/her own risk and that the Lake View Athletics program carries no insurance. I give Lake View Athletics permission to publish my child's photo on their website. I understand that, at anytime, if I wish to revoke this right, I must notify Lake View Athletics for immediate removal of the picture(s).

I attest that I have read and agree to abide by the Lake View Athletics Code of Conduct available on our website.

Parent/Guardian Signature: _____

Mail your form* to Lake View Athletics, P.O. Box 252, Lake View, NY 14085 (must be postmarked before June 1st)

*A confirmation e-mail will be sent once your registration is received. If you don't receive an email please call Jennifer at 432-0373