

Lexington United Soccer Club (LUSC)
Spring 2010 Registration Form
Travel: Grades 3-12 In-Town: Grades K-6
P.O. Box 613 Lexington, MA 02420-0006
Late registrants not guaranteed placement

(PLEASE COMPLETE BOTH SIDES)

Player's Name _____ Home Phone _____

Email _____ Male Female
(parent / guardian - print clearly please)

Street Address _____ City _____ ZIP _____

Date of Birth ____ / ____ / ____ Grade _____ School _____

Save \$5.00 when you register and pay On-Line: www.LexingtonSoccer.org

Note: Please refer to the website for more information about age groups and to contact division directors.

TRAVEL: Grades 3-12

Travel Program for Grades 3-8 (10 weeks, 4/10-6/12).....\$130.00 _____
 Travel Program for Grades 9-12 (7 Sundays, start April 25th)..... \$100.00 _____
 Travel Program Late Fee** (if postmarked after December 15th) \$25.00 _____
 Travel Jersey* (check size) YL AS AM AL AXL AXXL \$33.00 _____

IN-TOWN: K-6

In-Town for Grades 1-6* (10 weeks, 4/10-6/12)..... \$110.00 _____
 In-Town for Kindergarten* (9 weeks, 4/10-6/05)..... \$90.00 _____
 In-Town Late Fee** (if postmarked after February 1st, 2010)..... \$25.00 _____
 Reversible Mesh Jersey: YM YL \$17.00 _____
 AS AM AL AXL \$18.00 _____

Total: _____

*All travel players must purchase a **Travel** jersey if they do not already have one.

***GU11/12 does not have an in-town option and must sign up for travel.**

All U6 and intown players need to buy a reversible **mesh** jersey **if they do not already have one.**

Travel socks and shorts are available for purchase at Tricon Sporting Goods on Waltham Street in Lexington.

** Please add the late fee if registering after due dates. Late registrants are not guaranteed placement.

IN-TOWN PROGRAM: Grades K - 2 meet once per week on Saturday mornings for 1½ hours beginning on April 10th. Kindergarten plays for 9 weeks ending June 5th and grades 1-6 plays for 10 weeks ending June 12th. Times and locations will be confirmed by April 3rd. Grades 3 - 6 play one game per week on Saturdays. Each team typically practices 2 times per week. Day, time, and location of games and practices will be determined prior to the season. All programs will end on June 12th.

TRAVEL PROGRAM: Travel teams will be entered into the Boston Area Youth Soccer (BAYS) league. Grades 3 - 8 play on Saturdays (10 games) beginning on April 10th, grades 9 - 12 on Sundays (7 games) start date April 25th. All travel programs will end on June 12th. Each team typically practices 2 times per week (gr. 9-12 typically once per week). Day, time and location of games and practices to be determined prior to the season. More information about the BAYS league can be found at www.bays.org.

MAIL TO: LUSC, P.O. Box 613, Lexington, MA 02420

Scholarships and deferred payments available (send written request with paper application).
 Lexington United Soccer Club only issues refunds for medical/moving reasons.

Registration forms also available at: www.LexingtonSoccer.org

WE NEED COACHES & OTHER VOLUNTEERS!!

Lexington United is a volunteer organization that depends on parents to help with club activities. Please volunteer.

Coach Asst. Coach Team Admin LUSC Div. Director LUSC Board Member

Name _____ Home Phone _____

Address _____ Email _____

Birth Date ____/____/____ Male Female

CONSENT FORMS *Both consent sections must be completed and signed.*

Player's name _____

Parental / Guardian Consent

I, parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and /or otherwise indemnify the USYSA, its affiliated organizations and sponsors, Lexington United Soccer Club, their directors, volunteers and employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian Printed Name _____

Signature _____ Date _____

Consent for Medical Treatment (Minor)

As parent or legal guardian for the registering player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. Care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Signature _____

Phone (H) _____ (Cell) _____ (W) _____

Address _____ City _____ ZIP _____

Pertinent Medical Information: _____

If postmarked after due date please add an additional \$25.00 per player late fee due with the registration form.

Lexington United Soccer Club only issues refunds for medical/moving reasons.

Thank you, *Lexington United Soccer Club*

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