

## Winter 2010 Soccer Registration - U6-U14

### Lexington United Soccer Club (LUSC)

P.O. Box 613

Lexington, MA 02420-0006

First Come/First Serve Basis, 35 players maximum per section.  
Registration and check will be returned once the Division Limits are filled.

(PLEASE COMPLETE BOTH SIDES)

Player's Name \_\_\_\_\_ Home phone \_\_\_\_\_  
Email (parent / guardian) \_\_\_\_\_ (print clearly)  
Street Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Please check here if you did not register for LUSC in the Fall 2009 season.

**Focus: Let them play!** Escape the cold winter days of New England while exercising and having fun with friends.

**What is Street Soccer?** Simply put, street soccer is supervised 3v3/4v4 soccer games. There will be no coaching just adult supervision. Every 12 to 15 minutes kids will be given a water break and teams will be remixed and a new game will be started. The idea is to allow the kids the freedom to play games in a supervised environment, while encouraging them to be creative and take ownership of their game.

<input type="checkbox"/> Sunday Street Soccer	Lexington High School Field House	12:00- 5:00 (see schedule below)	Sundays: January 3, 17, 24 February 7, 21, 28	\$80
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#### SUNDAY STREET SOCCER SCHEDULE:

12:00-1:00: Kindergarten  
1:00-2:00: Grades 1 & 2  
2:00-3:00: Grades 3 & 4  
3:00-4:00: Grades 5 & 6  
4:00-5:00: Grades 7 & 8

\* Boys and Girls will play at the same time, but the games will not be coed with the exception of the Kindergarten and High School Aged programs

Save \$5.00 when you sign up ON- LINE at [www.LexingtonSoccer.org](http://www.LexingtonSoccer.org)

Mail registrations to: LUSC, P.O. Box 613, Lexington, MA 02420

Checks payable to Lexington United Soccer Club - Fees due with registration

Application forms also available at: [www.lexingtonsoccer.org](http://www.lexingtonsoccer.org)

## WE NEED VOLUNTEERS TO HELP OUT!

LUSC is a volunteer organization that depends on parents to help with club activities. Please volunteer by contacting your Division Director.

- Substitution Assistant for Each Team**
- Corridor Patrol**
- General Helper** (set up or put away goals and other equipments, pick up items and junk left by children)

**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 Youth Soccer Association, 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)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**ZIP** \_\_\_\_\_

**Pertinent Medical Information:** \_\_\_\_\_

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**LYS does not issue refunds for cancelled registrations.**

***Thank you,  
Lexington United Soccer Club***