

LIVONIA SOCCER CLUB, INC.

Summer Recreation League

Date: _____
Check # _____
Check \$ _____
Cash \$ _____
Siblings (w/Grade): _____

Grade Entering in the Fall: _____

Child's Name: _____

Sex: M / F

Date of Birth: _____

Street: _____

Town: _____ State: New York Zip: _____

Home Phone: _____

Primary Contact E-mail Address: _____

(* A working e-mail address is important. Most information from the club and team coach will be e-mailed to you.)

Father's Name: _____ Emergency Phone: _____

Mother's Name: _____ Emergency Phone: _____

SIBLINGS: If you have children in the same age group (K/1, 2/3, 4/5, 6/7) and would like them on one team, please list their names and grades here: _____

T-Shirt size: Youth S Youth M Youth L Youth XL
(Please circle one) Adult S Adult M Adult L

Release of Liability:

Recognizing the possibility of injury associated with soccer, I hereby release, discharge and/or otherwise indemnify the Livonia Soccer Club, Inc., its board members and all volunteers against any claim by or on behalf of the player as a result of the player's participation. I fully understand and accept that any medical bills will be covered by our family's primary care policy.

Signature of Parent/Legal Guardian: _____

Volunteers Needed: This is a parent-run program and is only possible with your involvement!

I would like to: COACH ASST COACH

Name: _____

Phone: _____

E-mail: _____

T-Shirt Size: _____