LMSC SPECIAL NEEDS PROGRAM SOCCER REGISTRATION FORM

SPRING 2010 SEASON

LMSC is affiliated with the United States Soccer Federation (USSF)

Use a separate form for each player Please print clearly Registration form must be accompanied by proper fee

Last Name _____ First Name _____ Sex: ( ) M ( ) F

Address _____ Telephone (____) _____

Town, State & Zip _____ Parents' Names _____

E-Mail Address _____ Birthdate ____ ____ ____
(please print e-mail address clearly) Year Month Day

THIS FORM IS FOR THE SPECIAL NEEDS DIVISION WHICH WILL PLAY ON SATURDAY AFTERNOONS IN THE SPRING. THE SEASON WILL START ON APRIL 24 AND RUN EVERY SATURDAY THROUGH JUNE 12 (EXCEPT FOR MEMORIAL DAY WEEKEND)

The registration fee for the Special Needs Program is $25 payable to LMSC. Please send your check and this form to: LMSC, Box 360, Bryn Mawr, PA 19010

COACHING VOLUNTEERS: If you would like to volunteer as a coach for the Special Program, please let us know. We are always looking for people to help with the program.

Name Of Volunteer:

Coach E-Mail:

RELEASE / AUTHORIZATION STATEMENT

Note: This Statement must be signed by parent/guardian for minor player; adult player, coach or administrator for him / her self.

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

Parent / Guardian or Adult Signature _____ Dated 20 ____ ____ ____
Year Month Day

Please return form and $25 registration fee (payable to LMSC) to: LMSC, Box 360, Bryn Mawr, PA 19010.