



Lititz Youth Soccer Club



Lititz Youth Soccer Club Spring 2013 Registration

VISIT WWW.LYSC.ORG FOR ONLINE REGISTRATION

REGISTRATION OPENS: NOVEMBER 1, 2012

REGISTRATION CLOSES: JANUARY 31, 2013

LATE FEE GOES INTO EFFECT JANUARY 1, 2013

\$85 REGISTRATION FEE FOR U-8 PLAYERS AND UP

\$65 REGISTRATION FEE FOR U-5/6 PLAYERS

**IN PERSON REGISTRATION FOR THOSE UNABLE TO REGISTER ONLINE WILL BE
HELD ON THURSDAY, NOVEMBER 1ST, 2012 from 7:30-8:00 PM AT THE
WARWICK TOWNSHIP BUILDING ON CLAY RD**

**A REGISTRATION FORM IS ATTACHED TO THIS FLYER FOR
THOSE WHO PREFER TO MAIL A CHECK.**

**PLEASE MAIL A CHECK MADE OUT TO 'LYSC' AND THE REGISTRATION FORM TO:
LYSC REGISTRAR PO BOX 163, LITITZ, PA 17543**

**LYSC IS AN ORGANIZATION RUN BY VOLUNTEERS. PLEASE CONSIDER VOLUNTEERING YOUR
TIME IN THE AREAS OF COACHING, AN ASST. COACH, OR TEAM MANAGER. CLUB MEETINGS**

ARE HELD THE FIRST THURSDAY OF EACH MONTH FROM 7:30-9PM AT THE WARWICK TWP BLDG. THEY ARE OPEN TO EVERYONE. PLEASE COME OUT AND SUPPORT THE CLUB.

Club Use Only _____ Reg. # _____
Age Group: _____ Player _____ Coach _____ Asst. Coach _____ Other _____
Boys _____ Girls _____ Intramural Team _____ Travel Team (advanced Player Div) _____

Did player register with LYSC last season? Yes No

Player's Last Name _____ Player's First Name _____ MI _____

Street Address _____ City, State, Zip _____

Phone Number _____ Alt phone # _____

Date of Birth ____/____/____ Male or Female Email address _____

T Shirt Size Youth XS S M L Adult S M L XL Grade/school attending _____

Previous soccer experience (# of seasons): Intramural _____ Travel _____

Previous LYSC Coach _____

Medical History _____

Comments/Requests _____

I, the parent/guardian of the registrant, a minor, or adult registrant will abide by the rules of the Lititz Youth Soccer Club (LYSC), the Eastern PA Youth Soccer Assoc. (EPYSA) and their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in the consideration of the LYSC and EPYSA accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify LYSC and EPYSA, their affiliated organizations and sponsors, their employees and associated personnel, including the fields and facilities used 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 authorize. I am also aware that the policies of the LYSC are subject to change without notice.

In addition, I am aware that the current refund policy of the LYSC is as follows: Within 60 days of final registration __Full Refund
More than 60 days after final regist-50% Refund
After your child's teams' first game – no refund

Signature of adult, parent or guardian _____ Printed Name _____ Date _____

I would like to volunteer to help in the area of:

____ coach
____ asst coach
____ team manager
____ team pictures

____ field maintenance
____ during the LYSC Summer Showcase

Please print your name _____

Club use: Cash Check Check # _____
\$ _____ amount \$ _____ late fee \$ _____ total