

**Club Use Only**

Reg. # \_\_\_\_\_

Age Group: \_\_\_\_\_ Player \_\_\_\_\_ Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Other \_\_\_\_\_

Boys \_\_\_\_\_ Girls \_\_\_\_\_ Intramural Team \_\_\_\_\_ Travel Team (Advanced Player Division) \_\_\_\_\_

**EASTERN PENNSYLVANIA YOUTH SOCCER ASSOCIATION  
Registration District 8 - Lititz Youth Soccer Club**

Did player register with LYSC last season? Yes No

\_\_\_\_\_  
Players Last Name

\_\_\_\_\_  
Players First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Sex  
M F

Would player like to try out for a Travel Team (Advanced Player Division)? Yes No

Previous soccer experience (# of seasons): Intramural \_\_\_\_\_ Travel \_\_\_\_\_ Camp \_\_\_\_\_

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 Pennsylvania Youth Soccer Association (EPYSA) and their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in 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 Registration ----- Partial (50%) Refund  
After Your Child's Teams' First Scheduled Game: ----- No Refund

\_\_\_ I will pay full registration.

\_\_\_ I will pay discounted registration and participate in the fundraiser.

\_\_\_\_\_  
Signature of Adult, Parent or Guardian

\_\_\_\_\_  
Print Name of Adult, Parent or Guardian

\_\_\_\_\_  
Date

**The LYSC needs Volunteers in the following areas:**

- |                     |                          |                   |
|---------------------|--------------------------|-------------------|
| _____ Coach         | _____ Field Maintenance  | _____ Data Entry  |
| _____ Asst. Coach   | _____ Fundraising        | _____ Phone Calls |
| _____ Referee       | _____ Registration       | _____ Newsletter  |
| _____ Team Manager  | _____ Board of Directors | _____ Uniforms    |
| _____ Team Pictures | _____ Other Committee    |                   |

If you would be willing to help, please print your name(s):  
\_\_\_\_\_

**CLUB USE**

Cash \_\_\_\_\_ Check \_\_\_\_\_  
Check # \_\_\_\_\_  
\$ \_\_\_\_\_ Amount  
\$ \_\_\_\_\_ Late Fee  
\$ \_\_\_\_\_ Total  
\_\_\_\_\_ # Of Players