

# TOPSoccer

## Free To any Qualifying Athlete

2017 FALL SEASON - REGISTRATION FORM

LAKE WALES SOCCER CLUB

Phone: 863-241-5960 or 863-241-6089 [www.lakewallessoccer.com](http://www.lakewallessoccer.com)

Your donations are tax deductible. We are a 501c3 organization FEI 20-1391381

Player's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Alt. Phone # \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Year of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ☐ Verified ☐ Male ☐ Female **U.S. Citizen?**  
month-day-year ☐ Yes ☐ No

**Please bring any Emergency Medication your Athlete may need to ALL GAMES**

**\*\*\*LIGHTS PROJECT FOR SOCCER PARK. I AM PLEDGING \$ \_\_\_\_\_ TO HELP GET LIGHTS AT THE REMAINING FIELDS AT THE SOCCER COMPLEX. EVERY DOLLAR IS IMPORTANT!**

**Father/Guardian**

\_\_\_\_\_ Name

\_\_\_\_\_ Home Phone #

\_\_\_\_\_ Work Phone #

\_\_\_\_\_ Cell Phone #

**Mother/Guardian**

\_\_\_\_\_ Name

\_\_\_\_\_ Home Phone #

\_\_\_\_\_ Work Phone #

\_\_\_\_\_ Cell Phone #

Do you want to coach?

Are you willing to coach or to be an assistant coach?

Will you volunteer in other areas?

☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No

*Note, all coaches, board members and officials of this league through FYSA will have background checks and will take a Concussion Course. Once a person agrees to coach the league will follow up on everything being completed.*

### INFORMED CONSENT/INSURANCE NOTICE

Players are not permitted to be registered with more than one affiliate at the same time.

**INSURANCE NOTICE:** All injuries must be reported to a league official within 90 days of the date of the injury.

**INFORMED CONSENT:** I, the parent/guardian of the registrant, agree that we will abide by the rules of **LWSC**, the state association (FYSA) and all its affiliated organizations. My/our child wishes to participate in soccer during the season of this registration. I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

*\*\*\*Note: I as a parent/guardian have read the concussion literature on the Clubs website and will help enforce the rules on concussions.*

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Guardian

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

You can register online at [www.lakewallessoccer.com](http://www.lakewallessoccer.com)

Mail to 234 Babson Dr., Babson Park, Florida 33827.

**Copy of birth certificate is required to be viewed by league for all players registering.**

**\*\*\*\*Copy of IEP is Mandatory to participate in this program \*\*\*\***

**For Club Use Only:** IEP \_\_\_\_\_

Age Group \_\_\_\_\_ Birth Certificate viewed: \_\_\_\_\_ Age Verified: \_\_\_\_\_ Received By: \_\_\_\_\_