

2023 SPRING SEASON - REGISTRATION FORM
LAKE WALES SOCCER CLUB INC
www.LakeWalesSoccer.com Phone: 863-528-9131

Players Last Name: _____ First Name: _____ M.I. _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone # _____ Alt. Phone # _____ E-mail Address: _____

Age as of today: _____ Grade: _____ Date of Birth: _____ ☐ Male ☐ Female ☐ U.S. Citizen? ☐ Yes ☐ No

Did you play on a team during the previous fall season? ☐ Yes ☐ No
 If so, in what league and on what team? _____

What are your child's soccer abilities? ☐ Very Good ☐ Better than Average ☐ Average ☐ Developing

Shirt Size	Youth Sizes: <input type="checkbox"/> YXS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL	Adult Sizes: <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> 2X
	Shirt sizes run big, so please adjust accordingly.	Shirt sizes run big, so please adjust accordingly.

Father/Guardian: _____
 Name Home Phone # Work Phone # Cell Phone #

Mother/Guardian: _____
 Name Home Phone # Work Phone # Cell Phone #

Do you want to coach? ☐ Yes ☐ No
 Are you willing to coach or to be an assistant coach? ☐ Yes ☐ No
 Will you volunteer in other areas? ☐ Yes ☐ No

It may be necessary to have parents volunteer to coach to have enough teams for the interest expected. Teams will be limited to the number of coaches available. Note, all coaches, board members and officials of this league through FYSA will have background checks conducted within 30 calendar days prior to the first practice of the season. Once a person agrees to coach, a form will be submitted.

Mandatory Medical Information/Release:

Does the player on this form have any medical problems that may prohibit him/her from playing soccer? ☐ Yes ☐ No
 If yes, a written medical release from a licensed physician is required before the child can be assigned to a team.

Insurance Notice: All injuries must be reported within 90 days of the date of the injury.

Does the player have medical insurance? ☐ Yes ☐ No

If yes, please identify the Insurance Company: _____

Informed Consent: I, the parent/guardian of the player, agree that I and the player will abide by the rules of Lake Wales Soccer Club, Inc. and league, the state association (FYSA) and all of its affiliated organizations. My child wishes to participate in soccer during the season of this registration. I realize risks are involved in my child's participation. I understand that the risk to my child includes a full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I accept this risk as a condition of my child's participation. I, as parent or legal guardian of the above named child, do hereby release and discharge the Lake Wales Soccer Club Inc., and their employees, volunteers, sponsors, and all personnel involved in organizing and operating the soccer program from all claims arising from my child's participation in the program.

***Note: As this is a volunteer organization I realize I will be **EXPECTED** to spend some time to help in the concession stand.
 NOTE: I AS PARENT/GUARDIAN HAVE READ THE CONCUSSION LITERATURE ON THE CLUB'S WEBSITE AND WILL HELP ENFORCE THE RULES ON CONCUSSIONS

 Date Signature of Parent or Guardian Print Name of Parent or Guardian

ONLINE SIGN-UP GO TO www.LakeWalesSoccer.com AND FIND THE REGISTRATION LINK.

Registration Fee: **\$45.00** for those who played in the Fall Season 2022
\$55.00 for all new players who did not play in Fall Season 2022
\$10 LATE FEE STARTING AFTER 2/27/23!

Register on sight at one of the registration date **or you can Mail to 1191 S. Lakeshore Blvd, Lake Wales, Florida 33853.**

Copy of birth certificate is required for all players.
 Registration fee is payable to **Lake Wales Soccer Club.**

I WOULD LIKE TO CONTRIBUTE TO THE LIGHTS FUND PROJECT TO LIGHT THE FIELD:
CONTRIBUTION AMOUNT \$ _____

For Club Use Only: Total Payment: \$ _____	Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check. If check, check # _____
Age Group _____	Birth Certificate received: <input type="checkbox"/> Age Verified: <input type="checkbox"/> Received By: _____