



# 2009-2010 CLASSIC REGISTRATION FORM

(PLEASE COMPLETE AND RETURN, ALONG WITH FEE AND COPY OF BIRTH CERTIFICATE)

PLAYER INFORMATION: (List LEGAL name as it appears on the birth certificate)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Address City ZIP

Home Telephone: \_\_\_\_\_ Fax Number \_\_\_\_\_

Player email \_\_\_\_\_

Last team and coach: \_\_\_\_\_ School (next fall): \_\_\_\_\_ Grade (07-08) \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

## **Family Information**

Father: \_\_\_\_\_ Home Work: \_\_\_\_\_ Cell \_\_\_\_\_  
Last First

Work Phone: \_\_\_\_\_ Parent email \_\_\_\_\_

Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
Last First

Work Phone: \_\_\_\_\_ Parent email \_\_\_\_\_

## **Parent/Guardian Consent and Authorization for Medical Treatment:**

I, as Parent/Guardian, authorize my son/daughter to participate in the Lower Columbia Youth Soccer Association Classic Program as a player and agree to be bound by the club's By-Laws, Policies & Procedures, and decisions of the Board of Directors. In case of emergency I hereby give my consent for all medical care prescribed by a duty licensed doctor of medicine for the above named player and authorize the coach or other designated adult to provide transportation as may be required for such treatment. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency, another adult we can contact: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy, Group or other id number \_\_\_\_\_

List any medical problems and medication taken: \_\_\_\_\_

Date of the last tetanus shot; \_\_\_\_/\_\_\_\_/\_\_\_\_

Registration Fee \$150.00 (Make checks payable to LCYSA)

Registration Fee Scholarship Requested

Birth Certificate photocopy (required)

**For more information or information about soccer scholarships call Rudi Rudolph at 325-4144 or 338-8022. Our goal is to have teams formed by the last week in November if not sooner. Send registration form, fee and copy of your Birth Certificate to Rudi Rudolph, 89777 Youngs River Road, Astoria, OR 97103**