

Flower mound Soccer

**** FORM DUE August 22, 2018****

_____ (U-6) cost will be \$80.00

If your child was born in 2013-2014 they are U-6.

_____ (U-8) cost will be \$80.00

If your child was born in 2011-2012 they are U-8.

_____ (U-10) cost will be \$85.00

If your child was born in 2009-2010 they are U-10.

_____ (U-12) cost will be \$85.00

If your child was born in 2007-2008 they are U-12.

Child's Name: _____ Date of Birth: _____

Age: _____ Teacher: _____

Name of siblings also participating in Soccer season:

Name of Parents/Guardians

Please list in order of contact for coaches to reach you.

1 _____ Contact number# _____

2 _____ Contact number# _____

3 _____ Contact number# _____

4 _____ Contact number# _____

If your child has played in the past and you want the same Coach, please list coaches name here. _____



Are you interested in coaching? Yes or No

DAYS AND TIMES OF PRACTICE:(COACH WILL MAKE FINAL DECISION)

DAYS PLEASE CIRCLE: MON. TUES. THURS. FRI.

TIMES PLEASE CIRCLE: 5:00 PM 5:30 PM 6:00 PM 6:30 PM

UNIFORM SIZE SHIRT: YXS YS YM YLG YXLG AS AM ALG

SPORTS UNIFORM/EQUIPMENT STATEMENT OF RESPONSIBILITY

I understand that my child has signed out a uniform from FMS and we, the parents/guardians, are responsible for the care and condition of this uniform. If the uniform is not returned or is returned in unacceptable conditions, the following action(s) may be taken:

1. The athlete's parents/guardians will be billed for the uniform and or equipment.
2. The student will not be allowed to participate in any other sports until the uniform is returned or paid for.

I _____, understand my child's responsibility for the uniform being loaned to my child and the consequences for its condition and timely return.

Parent's Signature: _____ Date: _____

Payments/Refunds

Players fee to be paid at time of sign-ups.

Refunds will be made to participants who drop PRIOR to team Registrations.

Parent's Signature: _____ Date: _____

Office use only Amount by \$ _____ CHECK # _____ CASH \$ _____ RECEIPT #: _____

Lawton Soccer Club Registration Form

WEB SITE: www.lawtonsoccerclub.org

U _____

SCHOOL ATTENDING: _____

MALE / FEMALE

PLAYER LAST NAME: _____ PLAYER FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ CONTACT NUMBER: () _____ BIRTHDATE: _____
(dd/mm/yyyy)

PARENT / LEGAL GUARDIAN NAME: _____

EMAIL: _____

Parental Support / Volunteer Information: Lawton Soccer Club encourages active participation of all parents in our program. Please check area(s) in which you would be willing to help.	
COACH	COMMITTEE MEMBER
	CORRDINATOR
REFEREE (PAID POSITION)	ASSISTANT COACH
	BOARD MEMBER
	OTHER:

Please list other Childern Registered this season (Please Print)

NAME:	AGE:
NAME:	AGE:
NAME:	AGE:
NAME:	AGE:

- * I will abide by all the Laws of the Game and the Policies and Decisions of the Lawton Soccer Club
- * I will never ridicule or yell at my child or other participants for making a mistake or losing a competition
- * I will respect the referees, assistant Referees, and their authority during games. if I question a Referees' decision, I will take it to my c I will not discuss it with the referee.

if I fail to abide by the aforementioned rules, I will be subject to action that could inlcued but is not limited to the following: Warnings, game Suspension, forfeiting games, and or permanent suspension.

PARENT / LEGAL GUARDIAN SIGNATURE: _____