



LAYSA FALL SOCCER REGISTRATION

Lewiston Auburn Youth Soccer (LAYSA) will be sponsoring its 42nd Fall soccer season for youngsters in Lewiston, Auburn, and the surrounding areas.

1. COMPLETE THE FORM AT THE BOTTOM OF THIS PAGE.
2. **NEW MEMBERS** MUST ENCLOSE A **COPY** OF THEIR BIRTH CERTIFICATE.
3. PARENTS MUST SIGN THE CONSENT AND RELEASE SECTION OF THE REGISTRATION.

ENCLOSE THE APPROPRIATE REGISTRATION FEE OF \$65 (MITES) / \$70 (MICROS) / \$75 (JUNIORS) / \$75 (SENIORS) FOR EACH CHILD.

MAKE CHECK PAYABLE TO: **LAYSA**

5. MAIL SIGNED MEMBERSHIP FORM, CHECK, AND COPY OF BIRTH CERTIFICATE (NEW REG. ONLY) **BY JULY 31, 2020** TO:

LAYSA
P.O. Box 898
Auburn, ME 04212-0898

6. LATE REGISTRATIONS (AFTER 7/31/2020) WILL REQUIRE AN ADDITIONAL **\$10 LATE FEE** AND PLAYERS WILL BE PUT ON A WAIT LIST AND PLACED ON 1st AVAILABLE TEAM.
7. ONLY PARTIAL REFUNDS (LESS \$10) WILL BE GRANTED AFTER AUGUST 1, 2020. NO REFUNDS WILL BE GRANTED AFTER AUGUST 28, 2020.

L & A YOUTH SOCCER FALL REGISTRATION FORM

Check One: Played LAYSA _____ New (attach birth certificate) _____

Player Information:

LAST NAME _____ FIRST _____

ADDRESS _____

CITY _____ ZIP _____

EMAIL _____

BEST CONTACT TELEPHONE NUMBER _____

BIRTHDATE ____/____/____ MALE____ FEMALE____

LIST ANY MEDICAL PROBLEM OR PROHIBITION PLAYER _____

PARENT/GUARDIAN: _____ OCCUPATION _____

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COACHES NEEDED!
We need coaches!
Please check here: _____

REGISTRATION	\$ _____
SOCCER CAMP	\$ _____
TOTAL	\$ _____

CONSENT FOR MEDICAL TREATMENT (MINOR) & RELEASE

As the parent or legal guardian of the above name player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. Furthermore I, the parent or legal guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities, (the Programs). I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized 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 hereby authorize.

Signature of parent or guardian: _____