LVS Fall 2011 Registration

Girls in Grades 3 through 8

U10, U12, U14

***Registration fee $60.00**

***Deadline July 15th or until teams are full.**
A $10 late charge and name goes on a waiting list after 7/15/11

Player Information

Grade in Fall 2011 >>> _____ **Last Name:** _____ **Birthdate >>>** _____

First Name: _____ **Middle Initial:** _____

Siblings currently in LVS: _____

Address: **City:** **Zip** _____

Primary Phone: _____

Person to notify in an emergency:

Emergency Contact #: _____

Any Medical Conditions / problems Coach or League should know about: _____

_____

_____

Number of seasons played: _____ **Previous Coach:** _____

Parent / Guardian Information

Primary Contact for this child(circle one): **Mom** **Dad** **Grandparent** **Other**

***Email:** _____

Name: _____ **Cell:** _____

Name: _____ **Cell:** _____

As a Not-for profit organization we rely heavily on help from the parents **Volunteer Opportunity's include:**

Coach **Asst. Coach** **Tournament Helper** **Other**

Officiating **Field Marshal** **Team Parent** **Board Member**

I am interested in helping in one of the previous mentioned ways. Please contact me!

How did you hear about LVS? **Banner** **flyer** **website** **radio** **referral**

Are you registering your daughter at tournament? **Yes** **No**

*Email addresses are only for league information and contact from the coaches, or team parent

Please see other side of form

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Uniform Information **(Disregard this section if your daughter has a uniform)**

Uniform consists of 2 jersey's, & 1 pair of shorts

Uniforms are Black w/ fluorescent green

Please circle size for each

	Youth size			Adult Size			
Jersey's	S	M	L	S	M	L	XL
Shorts	S	M	L	S	M	L	XL

If you need a uniform, please add $40.00 to registration fee

Please ask about cost for replacement shirts or shorts.

The undersigned understands that the Lady Viking Soccer Club, Northwest Indiana Soccer League, SAY or its affiliates are not responsible for any loss or injury incurred while participating in games, practices, or while transporting to said or any other NWIS activity.
As the Parent, Legal Guardian, or Representative of, consent is given for above Player to participate in League activities by waiving liability of the League.
As the parent or legal guardian of the above named players, I hereby give consent or emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Parent/Guardian Signature _____

I give permission to LVS to use my daughters name or photos to promote the league in the newspaper or on the LVS website.

Parent/Guardian Signature _____

☐ ☐

Mail signed applications and check to:

Lady Viking Soccer
PO Box 1881
Valparaiso, IN 46384

Contact Joe Alessi, League President at (219)464-8061 alspals1@comcast.net with questions concerning the league.

Visit our website at: http://ladyvikingsoccer.org

Listen to LVS Soccer Live during the season on Valparaiso's very own WVLP 98.3 FM
www.wvlp.org

LVS Use Only: Fee paid $_____ Cash_____ Check_____ #_____

Application taken by (initial)