

# LVS Spring 2012 Registration

Girls in Grades 9 through 12



**\*Registration Fee \$60**

**\*Deadline Mar. 15th, or til teams are full  
A \$10 late charge & name goes on a wait  
list after 3/15/12**

## Player Information

Grade in Spring >>>  Last Name: \_\_\_\_\_ Birthdate >>>

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Siblings currently in LVS: \_\_\_\_\_ School attending: \_\_\_\_\_

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  
Coach Asst. Coach Tournament Helper Volunteer Opportunity's include:  
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

# LVS Spring 2012 Registration

**Registration does NOT include shirt, girls provide black shorts and any color socks.**

Please adhere to modesty clause located on website.

## Uniform Information

Please circle size for each

	<u>Youth size</u>			<u>Adult Size</u>			
Uniform shirt	S	M	L	S	M	L	XL

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 of 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  
with questions concerning the league.

alspals1@comcast.net

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](http://www.wvlp.org)

LVS Use Only: Fee paid \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ # \_\_\_\_\_

Application taken by (initial)