

Club use only: Date _____ Amount \$ _____ Check no. _____
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**EAST LANSING SOCCER CLUB**  
**SPRING KINDERGARTEN**  
**REGISTRATION FORM**



PLAYER'S NAME: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip plus 4 \_\_\_\_\_  
 Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: Male Female

CHECK EAST LANSING SCHOOL THAT PLAYER ATTENDS:

Donley Marble Pinecrest Red Cedar St. Thomas Other: \_\_\_\_\_

PLAYER LIVES WITH: Mother Father Both (1 home) Both (2 homes)

PREFERRED CONTACT TO REACH PLAYER:

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Other Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please number your preference for sessions: (1-4). Class sizes are limited. Classes are held at Bailey Park.

Session A Monday 5:00-6:00pm \_\_\_\_\_ Session C Wednesday 5:00-6:00pm \_\_\_\_\_

Session B Monday 6:00-7:00pm \_\_\_\_\_ Session D Wednesday 6:00-7:00pm \_\_\_\_\_

Please circle T-shirt size: YS YM YL

**EMERGENCY INFORMATION AND PARENTAL CONSENT**

PLAYER'S NAME: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_  
 MOTHER WORK: \_\_\_\_\_  
 FATHER WORK: \_\_\_\_\_  
 GUARDIAN WORK: \_\_\_\_\_

EMERGENCY CONTACT IF PARENT OR GUARDIAN IS NOT AVAILABLE:

NAME OF CONTACT: \_\_\_\_\_ Phone: \_\_\_\_\_  
 PHYSICIAN: \_\_\_\_\_ Phone: \_\_\_\_\_  
 ALLERGIES TO MEDICINE: \_\_\_\_\_  
 Other Medical conditions that coaches should know about: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CONSENT TO PARTICIPATE IN EAST LANSING SOCCER CLUB ACTIVITIES:

I hereby give consent for my child or ward to participate in activities of the East Lansing Soccer Club, in affiliation with the East Side Soccer League and/or the Capital Area Soccer League. I will not hold the sponsors, supervisors, coaches, officials, or volunteers of the East Lansing Soccer Club or the East Side Soccer League or the Capital Area Soccer League responsible for any injury that my child or ward may sustain while participating in Soccer Club activities.

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

see reverse side for mailing instructions

Please complete all items on the form on the reverse side of this page. Mail the completed Registration Form and check made payable to the East Lansing Soccer Club for \$35.00 to the address below. You may write one check for multiple children enrolling, but a separate registration form is needed for each child.

East Lansing Soccer Club - Kindergarten  
PO Box 345  
East Lansing, MI 48826