

Club use only:  
 Date \_\_\_\_\_  
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 Check no. \_\_\_\_\_

**EAST LANSING SOCCER CLUB  
 2011-12 REGISTRATION FORM**



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

ADDRESS: \_\_\_\_\_  
Street City Zip plus 4

PHONE: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: Male  Female

PLAYED EAST LANSING SOCCER LAST YEAR? Yes  No

CIRCLE: FALL 2011 SCHOOL GRADE: 1 2 3 4 5 6 7 8

If yes, has the above information changed from last year? Yes  No

CHECK: EAST LANSING SCHOOL THAT PLAYER WILL ATTEND:

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

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

PREFERRED CONTACT TO REACH PLAYER: (This information will be listed on the team roster)

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Other Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

PARENTS: I would like to help the soccer program as a:

Coach Asst. Coach Referee Soccer Board member

Special request (Club does not guarantee request can be honored): \_\_\_\_\_

**PARENTAL AND PLAYER CONSENT**

**PARENTAL 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. I hereby grant the East Lansing Soccer Club permission to photograph/film my child, and authorize the East Lansing Soccer Club to use and display said images in any publication, multimedia production, display, advertisement or internet-based publication, including but not limited to ELSC websites and promotional materials. I certify that I am the child's legal guardian and have the right to give this consent, and I waive and release the ELSC, its officers, members, employees and volunteers from any liability or claims arising out of such activities. I will inform my child's coach of any medical conditions that may affect my child's ability to engage in physical activity, and will provide my child's coach with a medical history form before the first game.

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**PLAYER CONSENT TO PARTICIPATE IN EAST LANSING SOCCER CLUB ACTIVITIES:**

I intend to play soccer with the East Lansing Club, in affiliation with the East Side Soccer League and/or the Capital Area

Soccer League. I understand that soccer is a physical game that may involve getting hurt. If I get hurt playing, practicing or watching soccer I will not hold the sponsors, supervisors, coaches, officials nor volunteers of the East Lansing Soccer Club, nor any leagues to which it belongs, responsible for my injury. I have read this part of the Registration Form, or have had it read to me by a parent, guardian, or other responsible adult, I have had a chance to ask questions about it, and I understand that I by signing my name on this paper I cannot blame the East Lansing Soccer Club, nor its volunteers nor affiliates, for any injuries I may experience.

PLAYER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

