



LOUISA AREA SOCCER ASSOCIATION, PO Box 1727, Louisa, Virginia 23093
2019 FALL SEASON REGISTRATION



Children who were aged 4 to 14 on December 31, 2018 are eligible to sign up for the 2019 Spring Season. No prior soccer experience is necessary to play recreational soccer with the Louisa Area Soccer Association. The registration deadline is July 31, 2019 and the normal registration fee is \$60.00. Please make checks payable to Louisa Area Soccer Association (LASA), and submit payment and registration to the address above or register online at www.lasasoccer.org. Late registrations, if space is available, will be accepted until August 28, 2019; the late registration fee is \$75.00.

PLAYER INFORMATION (all fields are required)

Player Last Name: _____ Player First Name: _____
 Address: _____ City: _____ Zip: _____
 Sex (circle one): Male / Female Birthdate: _____ T-Shirt Size: YM YL AS AM AL AXL AXXL
 Preferred practice location (one or both): Trevilians / Jouett

PARENT/GUARDIAN INFORMATION (please fill in completely)

Parent/Guardian Last Name: _____ Parent/Guardian First Name: _____
 Phone Number (mobile): _____ Phone Number (home): _____
 E-Mail Address: _____

LASA is an all-volunteer program and needs your help. Are you willing to volunteer?

Coach _____ Team Parent _____ Field/Net Maintenance _____ Fund Raising _____ Other _____

EMERGENCY INFORMATION (please fill in completely)

Emergency Contact Name: _____ Phone Number: _____
 Doctor: _____ Phone Number: _____
 Hospital Preference: _____ Insurance Name: _____

I hereby give my consent and approval for my child to participate in this activity sponsored by LASA. I will not hold association members, school personnel, or volunteers responsible in case of accident or injury because of my child's participation in this program. I understand the risks involved with this activity and know that my child is physically able to participate in this program. LASA provides secondary insurance through Virginia Youth Soccer Association (VYSA) for individual participants (a deductible may apply). In the event of an emergency, I hereby give my consent for a representative of LASA to arrange for medical or emergency room treatment by a physician on staff.

 Signature of Parent/Guardian

 Print Name of Parent/Guardian

 Date