



**LOUISA AREA SOCCER ASSOCIATION, PO Box 1727, Louisa, Virginia 23093**  
**2020 Spring SEASON REGISTRATION**



**Children who were aged 4 to 14 on December 31, 2019 are eligible to sign up for the 2020 Spring Season. No prior soccer experience is necessary to play recreational soccer with the Louisa Area Soccer Association. The registration deadline is January 31, 2020 and the normal registration fee is \$65.00. 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](http://www.lasasoccer.org). Late registrations, if space is available, will be accepted until February 26; the late registration fee is \$85.00.**

**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