



LYSA REGISTRATION FORM
TOPSoccer

FALL – SPRING

P. O. BOX 24844, LEXINGTON, KY 40524

TELEPHONE: (859)223-5632

E-MAIL: office@lysa.org WEB SITE: www.lysa.org

LASTNAME		PREFERRED FIRSTNAME		DATE OF BIRTH(mm/dd/yy)		MALE		FEMALE	
HOME ADDRESS (PO. BOX NOT ACCEPTED)			APT#	CITY		ZIP CODE		SCHOOL	
PRIMARY GUARDIAN LASTNAME		FIRSTNAME		RELATIONSHIP		HOME PHONE		MOBILEPHONE	
SECONDARY GUARDIAN LASTNAME		FIRSTNAME		RELATIONSHIP		HOME PHONE		MOBILEPHONE	
PRIMARY GUARDIAN E-MAIL ADDRESS					SECONDARY GUARDIAN E-MAIL ADDRESS				

FEE IS NON REFUNDABLE

MAKE CHECK PAYABLE TO "LYSA"

MAIL TO: LYSA, P.O. BOX 24844, LEXINGTON, KY 40524

You must include the following with this document:

- Registration fee of \$25 – Check or money order only. We do not accept cash.
- Copy of athlete's birth certificate if he/she has not played with LYSA in the last 2 years.

TOPSoccer has both a spring and a fall season. The spring season generally lasts six weeks and is held indoors. The fall season lasts 10-12 weeks and is held outdoors at Masterson Station Park. Practices are held once a week on Sunday afternoons for one hour.

PLEASE FILL OUT QUESTIONS BELOW:

What is the nature of disability?

In what areas would you like to see improvement?

Would you like to have a volunteer "buddy" assigned to your athlete? YES NO

Will your athlete be "buddied by someone you know: YES NO

How does your athlete communicate?

What are your athlete's strengths as it pertains to athletics?

Does your athlete need to use a wheelchair or walker: YES NO

Briefly describe your athlete's physical and medical condition.

What are some motivational techniques that would help your athlete?

CONSENT & WAIVER: I recognize and understand that soccer is a sport involving risks not encountered in everyday play. With this understanding, in consideration of Lexington Youth Soccer Association's (LYSA) permitting my child to participate in the youth soccer program, I covenant and agree to indemnify and hold harmless and do release, requite and forever discharge, LYSA, Kentucky Youth Soccer Association (KYSA), the United States Youth Soccer (USYS) and the Lexington Fayette Urban County Government (LFUCG), their officers, Boards of Directors, employees, coaches, referees and other such volunteers as are connected with LYSA, KYSA and USYS in any capacity, for any and all damages, claims, and/or liability arising out of any and all injury to or caused by my child. With the knowledge and understanding of the foregoing, this is to certify that my child has my permission to play soccer in the LYSA program. Further, I hereby authorize any and all emergency medical treatment deemed necessary by any physician, nurse or paramedic. A copy of this authorization shall be as effective as the original.

By signing this document the participant hereby gives the Lexington Youth Soccer Association, its licensees, successors, legal representatives and assigns, the absolute and irrevocable right and permission to use the participants name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of the participant with or without the participant's voice, or in which the participant may be included in whole or in part photographed, taped, videotaped, and/or recorded during his/her participation in Lexington Youth Soccer Association, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any other lawful purpose and/or approve the finished product or products or the editorial, promotional or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, products, copy and/or soundtrack may be applied. The participant discharges and agrees to hold harmless the Lexington Youth Soccer Association, its licensees, successors, legal representatives and assignees from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or to be produced in the making, processing, duplication, projecting or displaying of said images, and from liability for violation of any personal or proprietary right that I may have in connection with said images and with the use thereof.

X

NOT VALID WITHOUT SIGNATURE: _____

DATE: _____

REV.5/2013

SIGNATURE OF PARTICIPANT OR PARENT/LEGAL GUARDIAN IF PARTICIPANT IS UNDER 18