

LENAPE VALLEY SOCCER CLUB REGISTRATION

ADULT INTRAMURAL

Member club of EPSA
www.lvscsoccer.com

09 Fall

Intramural: The club has a limited refund policy. Please be sure that you are committed to playing and supporting the club. TEAMS WILL BE CO-ED. ONE FEMALE WILL BE ON THE FIELD FOR EACH TEAM AT ALL TIMES. REFUNDS WILL NOT BE ISSUED AFTER July 31, 2009 UNDER ANY CIRCUMSTANCE. A refund request before July 31, 2009 must be submitted in writing to the board for approval. In all circumstances, a \$25.00 per player administrative fee will be charged and deducted from the amount refunded.

Player's Last Name _____ First Name _____ Male / Female

Birth Date (mm-dd-yy) _____ Age (today in years) _____

Home Phone _____ Cell Phone _____ E-mail Address _____

Address _____ City _____ Zip _____

Emergency contact: Name _____ Relationship _____

Phone _____ Alternative Phone _____

Tax District (circle where you vote / pay taxes) New Britain Twp., New Britain Boro, Chalfont Boro, Doylestown Boro, Doylestown Twp., Montgomery Twp., Hatfield Twp. Lansdale Boro, Plumstead Twp., Warrington Twp., Other _____

Years playing _____ I am a: (1) Beginner (2) Intermediate (3) Advanced

I have played before in (select all that apply) High School / College / Adult league / Other: _____

My preferred position is (select all that apply) Forward / Midfield / Defender / Goalie

Are you a returning player: Yes / No If so, do you need a new uniform: Yes / No

Uniform size: Sm / Md / L / XL

I am registering (please select one): As a member of an established team / As an individual to be placed on a House Team

If with an established Team: Team's Name _____ Team's Contact Name _____

Phone _____ E-mail _____

Are you willing to manage a House Team (Be the main contact for a House Team): Yes / No

YSelect Volunteer Role: LVSC is an all-volunteer organization, your help is vital to our success.

Team Manager (T) Field Crew (F) Equipment (E) Uniforms (U) Board Rep (BR) Publicity (P)

Medical Insurance: LVSC requires the registrant to disclose a primary medical insurance carrier. Failure to comply will disqualify the applicant from participating in any LVSC programs.

Carrier Name: _____ Policy#: _____

Release Statement

I know and agree that participation in soccer can result in serious injuries. Accordingly, in exchange for the services, instruction, uniform and equipment provided to me by Lenape Valley Soccer Club(LVSC) and its authorized representatives, I hereby fully release, absolve, indemnify and agree to hold harmless the LVSC and its past, present and future coaches, officials, trainers, organizers, participants, board members and persons transporting me to and from activities, from claims, causes of action, demands, rights or liabilities of every nature and description arising out of any injury to me-whether the result of negligence or for any other cause—known or unknown. If any occasion should arise regarding the health or welfare of myself, that needs my authorization and I am unable to provide such authorization I give the right to grant said authorization to the LVSC and/or its officials.

If I am unable to give my consent to fire and rescue, and hospital emergency personnel for the immediate treatment necessitated by injury or illness incurred while engaged in activities sponsored by LVSC or in travel to and from said activities.

I release LVSC and acknowledging that LVSC assumes no duty regarding the adult player's safety and that the condition of the filed is the responsibility of the owner.

I understand that, from time-to-time, the LVSC may obtain images or photographs of my participation in soccer or soccer-related activities. I do hereby consent to the reasonable use of any such photograph/image by the LVSC in relation to its activities, including advertisements or the club's website.

Signature _____ Date _____

Club Admin Use Only

Fee: \$100.00 Late Fee:\$25.00 (assessed after Jul. 31, 2009)

Total Collected \$ _____ Check # _____ Cash Date Approved: _____

Notes: _____