



REGISTRATION APPLICATION

NAME: _____

DATE OF BIRTH: _____ Gender: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PRIMARY PHONE NUMBER: _____

E-MAIL: *(Please Print Legibly)* _____

Registration Cost: \$160 thru 8th grade /\$180 high school

Uniform Cost (includes 2 shirts): \$30 Uniform size _____

Optional: Include players last name on shirts for \$8 total Y ___ N ___

Adult/Youth Chest Sizes

SIZE	YXS	YS	YM	YL	AS	AM	AL	AXL	A2XL
Chest Sizes:	21-23"	24-26"	27-30"	31-34"	34-36"	37-40"	41-44"	45-48"	49-52"

Make check payable to Lightning Soccer Club
 Mail to: Lightning Soccer Club 4935 Sharonwood Ave. N.W Canton, OH 44718
 Questions: Call Tarrah Burton at 330-451-5363 Email: lightningsoccerclub@yahoo.com

Waiver of Liability

I _____ hereby waive and release any Liability from injuries incurred by my child while participating in this Lightning Soccer Program. I hereby state that my child is in good physical health and capable of participating in soccer activities. I release Lightning Soccer Club and coaching instructors from liability from injuries that may occur while my child is at soccer. I give consent for my child to be photographed or video taped during the soccer program and release use of the images by Lightning Soccer Club for promotional purposes. No refunds after player declarations through the league takes place.

Parent/Guardian Signature _____ Date _____

Check list: ___ LSC Registration; ___ GAASA Registration; ___ GAASA Code of Conduct;
 ___ Picture for ID (new every fall); ___ Copy of birth certificate (new members only)