

Welcome to the Ludington Soccer Club Spring 2012 Soccer Season!

Spring 2012 Fees:

Registration:

- U5, U6, and U8 \$45.00
- U10 and above \$65.00

Shirts:

- U5, U6, and U8 \$25.00
- U10 and above \$25.00

Checks for both registration fees and shirts can be made payable to: **Ludington Soccer**

Registration forms are currently available from:

- Ludington Soccer Club website (www.ludingtonsoccer.com)
- Snyder's Shoes in Ludington
- Walk-Up Registration Event – United Methodist Church, Bryant Rd., Lud.
 - **February 12th from 2-4 PM**

Completed forms can be mailed to:

Ludington Soccer
Attention: Michele Condit
PO Box 455
Ludington, MI 49431

OR

Completed forms can be dropped off at:

Snyder Shoes
101 E. Ludington Avenue
Ludington, MI 49431

Registration Deadlines:

- Special this season --- EARLY REGISTRATIONS RECEIVE \$5.00 discount per player for registration forms postmarked by 1/22/12, dropped off at Snyder's by end of business on 1/22/12.
- Special this season – KEY VOLUNTEER POSITIONS WILL BE REWARDED WITH 1 FREE SPRING 2012 PLAYER REGISTRATION. Please see the Ludington Soccer Club website and attached volunteer form for more information.

- After February 12th, registration forms will only be accepted based upon team availability and will be charged a \$10 late fee. For team availability information, please contact Trish Hindman (U5, U6 and U8) at 690-6407 or Michele Condit (U10 and above) at 843-7047 **after 6 PM**. NO REGISTRATION FORMS WILL BE ACCEPTED AFTER 2/23/12.

Soccer Age Levels: Age divisions are determined based upon the player's age on August 1, 2011.

<u>Age Groups:</u>	<u>DOB:</u>	<u>Shirt:</u>	<u>Travel:</u>
U5	8/1/06 thru 7/31/07	Black/White Reversible	No
U6	8/1/05 thru 7/31/06	Black/White Reversible	No
U8	8/1/03 thru 7/31/05	Black/White Reversible	No
U10	8/1/01 thru 7/31/03	Orange Jersey	Yes
U12	8/1/99 thru 7/31/01	Orange Jersey	Yes
U14 (Girls)	8/1/97 thru 7/31/99	Orange Jersey	Yes
U15 (Boys)	8/1/96 thru 7/31/99	Orange Jersey	Yes
U16 (Girls)	8/1/95 thru 7/31/97	Orange Jersey	Yes
U19 (Girls)	8/1/92 thru 7/31/95	Orange Jersey	Yes

Notes:

- Players attaining the limited age for any age group on or after August 1st will be eligible to play in this age group for the full seasonal year (September 1, 2011 thru August 31, 2012). *Note: When completing this registration packet, you are signing your child up for Spring 2012 season only – you will need to re-register your child for any future seasons).*
- To play soccer in the Spring 2012 season, kids much be at least 4 years of age by 8/1/11.

We need your help!!! Ludington Soccer Club is a volunteer organization. In order to continue to provide a quality soccer experience to all children, we need your help. Please help us maintain current programming by volunteering your time! **Key volunteer positions will be rewarded with 1 free player registration for the Spring 2012 season.** **Please see the Ludington Soccer Club website for more information.**

Registration forms brought to you by donations from Cherry Blossom Manor, Inc. (231) 873-5377

Player Name:		
Player Date of Birth:		
Does Ludington Soccer Currently have a birth certificate on file for this player?	Yes	No
<i>Note: If no birth certificate copy is on file with Ludington Soccer, one must be attached to this registration form.</i>		
Sex:	Male	Female
Current Grade in School:		
Number of Years of Soccer Experience:		
Home Address:		
Email Address:		
Primary Phone Number:		
Cell /Emergency Contact Number:		
Parent(s)/Guardian(s) Name:		

When more than one child in a family is playing soccer, Ludington Soccer Club will attempt to keep **siblings** on the same team (when this is appropriate within age levels). In order to assist Ludington Soccer, please use the space below to list the name of all other **siblings** playing soccer:

Name(s) of Sibling(s) Playing Ludington Soccer:	

From time to time, registration numbers require the Ludington Soccer Club to move players around to better balance team sizes. In the event that this occurs, I give my permission for the Ludington Soccer Club to do the following (*please circle all that apply*):

- Place my child on a coed team
- Place my child on a team that is one age level above where my child would normally play

Special Request: Based upon my child's level of soccer experience and the fact that my child's soccer skills exceed those of the children in his/her appropriate age level, I am requesting that my child be placed on a team that is one age level beyond where my child would normally play.	YES	NO
---	-----	----

Photo Release (*Please circle appropriate response*):

- Ludington Soccer has my permission to include photos of my child in newspaper publications and on the Ludington Soccer Club website.
- Ludington Soccer does not have my permission to include photos of my child in newspaper publications or on the Ludington Soccer Clubs website.

My child has permission to play Ludington Soccer (LSC) in accordance with the rules of the LSC. I understand and agree that LSC (including all coaches, officers, assistants, and volunteers) shall be held "harmless" and not responsible for any injuries which occur on or off the field.

For Ludington Soccer Club Use Only:

- Paid by: Cash
 Check # _____
- Birth Certificate on File: Y/N
- Current Medical Release: Y/N
- Age Level this Season: _____
-

Signature of Parent/Guardian

Date

Please mail completed form to:

Ludington Soccer

PO Box 455

Ludington, MI 49431

Player Name: _____

Player Age Level: _____

Soccer Shirts:

If you need to purchase a shirt, please circle the appropriate jersey and the appropriate size below:

- **U5, U6, and U8** -- *Black/White Reversible shirts (Reversible shirts run small, please order at least one size larger)*

Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large	Adult X-Large
-------------	--------------	-------------	-------------	--------------	-------------	---------------

- **U10 and above** -- *Orange Jerseys*

Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large	Adult X-Large
-------------	--------------	-------------	-------------	--------------	-------------	---------------

For Ludington Soccer Club Use Only:

- Paid by: Cash
 Check # _____

Ludington Soccer Club Volunteer Form

Player Name: _____

Player Age Level this season: _____

Parent Name: _____

Parent Phone Number: _____

Parent Email Address: _____

We need your help!!! Ludington Soccer Club is a volunteer organization. In order to continue to provide a quality soccer experience to all children, we need your help. Please help us maintain current programming by volunteering your time! **Key volunteer positions will be rewarded with 1 free player registration for the Spring 2012 season. Please see the Ludington Soccer Club website for more information.**

Please indicate (with "1" being your first choice and "3" being your last choice) how you can assist us to continue to provide current programming.

- _____ Coach*
- _____ Assistant Coach
- _____ Team Parent
- _____ Ludington Soccer Board Position*
- _____ Volunteer Pool
- _____ Age Level Coordinator – U5 – U8*
- _____ Age Level Coordinator – U10*
- _____ Age Level Coordinator – U12 – U19*

***Key volunteer position eligible for 1 free player registration for Spring 2012 Season.**

New this season: Key volunteer positions will be rewarded with 1 free player registration for the Spring 2012 season. If you are interested in a key volunteer position, please indicate that on this form. Please submit your child's registration payment with the registration packet. If you are selected to fill a key volunteer position for the Spring 2012 season you will be reimbursed your registration payment. Note: **Only 1 coach per team will be reimbursed.**

Ludington Soccer Medical Release Form – Spring 2012

I hereby give permission for any and all medical attention necessary to be administered to my child,

(Insert Player Name Here)

In the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted, this release is effective for a period of one year from the date given below. I also assume the responsibility for the payment of any such treatment, including, but not limited to, transportation for required treatment.

Parent/Guardian:	
Address:	
City/State/Zip Code:	
Relationship to Player:	
Home Phone:	
Cell/Emergency Phone:	
Name of Insurance Company:	
Agent:	
Policy Number:	
Type of Insurance:	

In the event I cannot be reached, any of the following people are designated to act on my behalf (*circle all that apply*):

•	Coach
•	Assistant Coach/Manager
•	Team Parent
•	A League representative where my child is playing
•	Any tournament representative where my child is participating in a US Youth Sanctioned tournament

In case I cannot be reached, please contact:

Name of person to contact in emergency:	
Phone number of person to contact in emergency:	
Physician Name:	
Physician Address:	
Physician Phone Number:	
Hospital:	
Player's Known Allergies:	
Player's Known Disabilities:	
Other Important Medical Information:	

Signatures:

Parent/Guardian:

Signature

Date

Player Age Level: _____