



# South Euclid – Lyndhurst Soccer Club

## SELECT Travel Soccer

(This form must be completed by all players who wish to play SELECT Soccer)

### PLAYER INFORMATION

Player name (first/last) \_\_\_\_\_

Birth Date (mm-dd-yyyy) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone#(\_\_\_\_) \_\_\_\_\_ Current SELECT player(Y/N) \_\_\_\_\_ Team \_\_\_\_\_

Email Address (for club use only) \_\_\_\_\_

Mother's Name (first/last) \_\_\_\_\_ Cell Phone# (\_\_\_\_) \_\_\_\_\_

Address (if different from player) \_\_\_\_\_

Father's Name (first/last) \_\_\_\_\_ Cell Phone# (\_\_\_\_) \_\_\_\_\_

Address (if different from player) \_\_\_\_\_

Please specify uniform sizes. Returning players will NOT need a new uniform this year, circle only if you need a replacement item:

JERSEY SIZE: YS YM YL AS AM AL AXL      SHORT SIZE: YS YM YL AS AM AL AXL

Current uniform number (returning players only) \_\_\_\_\_

**A \$125.00 check to cover down payment of club fees must accompany this form. New players must also submit a copy of their birth certificate. The player will be photographed at tryouts for the player's pass. Payment will be returned to any player not assigned to a team. Please make your check payable to "SELSC".**

### WAIVER

1. I, parent/legal guardian of the named player (PLAYER), a minor, agree that I and the PLAYER will abide by the rules of the South Euclid/Lyndhurst Soccer Club (SELSC), and the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, and for SELSC and the USYSA accepting the PLAYER for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify SELSC and the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized by SELSC, against claim by or on behalf of the PLAYER as a result of the PLAYER's participation in SELSC activities, and/or being transported to or from same, which transportation I hereby authorize.
2. As parent/legal guardian of the PLAYER, I hereby give consent for emergency medical care as prescribed by a duly licensed doctor of medicine or a doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependent (the PLAYER).
3. \$125 final payment is due when invoiced. All accounts must be kept current for the child to continue to play. There will be a \$25.00 fee on all returned checks.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian name (printed) \_\_\_\_\_

Person (other than parent/guardian) to notify in emergency \_\_\_\_\_ Phone# \_\_\_\_\_