

Youth Indoor Soccer Registration 09-10

ATTENTION: THIS FORM IS ONLY FOR PRESCHOOL-JUNIOR HIGH

Please fill out the registration form below and return to:

Lincoln Christian University
Attn: Amy Brisbin
100 Campus View Drive
Lincoln, IL 62656

Make checks out to: Lincoln Christian University (LCU)

Please check all sessions you plan to attend:

Session 1- November 7-December 12--- \$35(*exception of Nov 28*)

Session 2- January 16-February 20 --- \$40 (6-week session)

Subsequent Sibling Discount --- \$5 off price (per session)

Total Amount

Player Name _____ Parent/Guardian Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell/Work _____

Age ____ DOB ____/____/____ M ____ F ____ Grade _____

School _____ Skills: ____ Beg. ____ Int. ____ Adv.

T-shirt Size: (Pre/K) YXS. YS. YM. YL. (Youth League) YM. YL. S. M. L. XL.

_____ Sign me up! I would like to Volunteer Coach for:

(Circle One): KINDERGARTEN ALL-STARS / YOUTH LEAGUES

PARENTAL CONSENT: My child, _____ has my permission to participate in the Lincoln Christian University Youth Indoor Soccer League. I hereby voluntarily and knowingly release Lincoln Christian University, their staff and their volunteers from any and all obligations, liability or damage from any claims arising out of illness or injuries to my child incurred in any of the league activities. BY SIGNING BELOW, I HAVE READ AND ACCEPT THE TERMS OF THE PARENTAL CONSENT.

Signature of Parent or Guardian

Date

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