



## Red Lions Indoor Soccer Registration 2011-2012

Please fill out the registration form below and return to:

Lincoln Christian University  
Red Lions Indoor Soccer  
100 Campus View Drive  
Lincoln, IL 62656

**Make checks payable to: Lincoln Christian University (LCU)**

To calculate amount due:

\_\_\_ \$40 First Child

\_\_\_ \$35 Each Sibling (\$5 off)

\_\_\_ Total Amount Due

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 Kubs / Red Lion League

**PARENTAL CONSENT:** My child, \_\_\_\_\_ has my permission to participate in the Lincoln Christian University Red Lions 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 \_\_\_\_\_