

# Lightning Soccer Club – Registration

Player's Name: (First, MI, Last) \_\_\_\_\_

Male\_\_\_ Female\_\_\_ Date of Birth\_\_\_\_\_

Grade\_\_\_\_\_ Age\_\_\_\_\_

Address (city, state, zip) \_\_\_\_\_

Phone\_\_\_\_\_

Email: \_\_\_\_\_

Maiden name of player's mother: (for future use of electronic registration)

\_\_\_\_\_

Parent/guardian name:

Address: (if different from above)

Home phone:

Work phone:

Cell phone:

Emergency contact name and number: \_\_\_\_\_

Physician name and number: \_\_\_\_\_

School Grade:

School Attending: \_\_\_\_\_ Key \_\_\_\_\_ ASFS \_\_\_\_\_ (other, specify)

Coach request: \_\_\_\_\_

Travel soccer player: \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you qualify for financial aid (reduced lunch): \_\_\_\_\_ Yes \_\_\_\_\_ No

Medical concerns (Please include any known allergies):

Are you willing to volunteer as: \_\_\_\_\_ Coach \_\_\_\_\_ Assistant Coach

Permission and Liability Release:

I give my child permission to participate in the soccer program sponsored by the ASA and Lightning, in conjunction with the Arlington County Department of Parks, Recreation and Community Resources. I understand that every participant in the program should be insured for medical expenses arising from accidental injury through a policy that the participant's family currently has in force and which will cover participation in this sport. This permission releases the ASA, Arlington County Department of Parks, Recreation and Community Resources, Lightning, and their agents and employees from any liability in the conduct of this program. This permission will remain in effect unless terminated by a parent or guardian in writing. I also give permission for Arlington County Soccer to verify my child's grade in school.

Parent/Guardian Signature\_\_\_\_\_

**MAKE CHECK OUT TO LIGHTNING.**

**FEE is \$50 or \$30 if your child is on free or reduced lunch.**

**Mail to: Lightning, 3529 N. Utah Street, Arlington, VA 22207**