

Lapel Area Soccer Registration

Paid \$_____ Check #_____ Cash_____

Make Checks Payable to Trinity UMC

Please Read Registration Form & Fill Out

Completely

Please fill out completely before returning. Full payment must accompany all registrations. If there are special circumstances that need to be considered, please attach an explanation to the registration sheet, i.e.: financial hardships, siblings, etc... If you have any questions, contact Trinity UMC at 765-534-4222 Return completed application to Trinity UMC, PO Box 606, Lapel, IN 46051.

PLAYER INFORMATION

(Please Print Clearly)

Last Name_____ First Name_____ Nick Name_____

Address_____ City_____ Zip_____

Age_____ Birthdate_____ Male____ Female____ Height_____ Weight_____

T-Shirt Sz. Y. Xtra Small___ Y. Small___ Y. Medium___ Y. Large___ Adult S M L XL XXL

Father's Name_____ Mother's Name_____

Home Phone (____)_____ Cell Phone (____)_____ Cell Phone (____)_____

E-Mail_____

List any medical problems or issues the player might have:_____

Person to notify if you are not available: Name_____/Phone_____

Please make a check by the areas you would be willing to help.

() Coach T-Shirt Size Adult_____ Name_____

() Asst. Coach T-Shirt Size Adult_____ Name_____

() Field Set Up Name_____

() Grounds Name_____

() Soccer Awards Ceremony Name_____

() Team Snack Coordinator/T-Shirt Name_____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Lapel Area Soccer Program, it's affiliated organization and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Lapel Area Soccer Program accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge, and/or otherwise indemnify the Lapel Area Soccer Program, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrants' participation in the Programs. I understand that Team Pictures and Action Shots may be placed on the Trinity/TLC Web Site or used for publicity without names of participants being published.

Parent/Legal Guardian

Name (please print) _____ Signature _____

Date _____

Consent for Medical Treatment (Minor)

As the parent/legal guardian of the registered player listed on the front of this page, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor or Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb or well being of my dependent.

Signature of Parent/Legal Guardian _____ Date _____

Please attach a check or cash to each registration. It is okay to combine totals for more than one registration. Make checks payable to Trinity UMC. Online Registration Forms are available at www.trinity-tlc.com. at Trinity UMC, Trinity Life Center or call us and we will mail additional Registration forms to you. Mail Registrations to Trinity UMC...C/O Dawn Cuthbert...PO Box 606...Lapel, IN 46051