

Lake of the Ozarks Soccer Assn.
P.O. Box 661
Linn Creek, Mo. 65052

LOSA Recreational Player Form

Return by: 07/29/2011

Amount Due: \$ 55.00/ player
(\$ 135.00 maximum per family)

<http://www.losa.org>

**** LATE FEE ****

(\$10.00 late fee per player will be charged if post marked after 7/29/2011)

*****Please review ALL fields – some areas need to be modified*****

IF THE BIRTH CERTIFICATE # FIELD BELOW IS BLANK WE DO NOT HAVE THE NUMBER AND YOU MUST WRITE IT IN THE FIELD.

BIRTH CERTIFICATE #: _____

(This is the state birth Certificate number)

First Name: _____ **MI:** _____ **Last Name:** _____

Address: _____ **Gender (M/F):** _____ **DOB:** _____

City: _____ **State:** _____ **Zip:** _____ **Age on 8-1-2011** _____

Primary Contact Phone: _____ **Shirt Size:** _____

Parent/Guardian Name: _____ **Relationship:** _____

Primary Phone: _____ **Alternate Phone:** _____

Primary E-Mail Address: _____ (Please populate in order to receive email updates on schedules, etc)

Parent/Guardian Name: _____ **Relationship:** _____

Primary Phone: _____ **Alternate Phone:** _____

Special Requests (only sibling requests will be considered) _____
(due to some perceived abuse no coach requests, etc will be allowed and only sibling placements will be attempted)

List any medical problem or prohibition player has _____

Emergency Contact Person (other than Parents) Name _____

PARENT SUPPORT

____ **Head Coach**
(Must Complete Coaches Form)

____ **Assistant Coach**
(Must Complete Coaches Form)

____ **Team Manager**

____ **Fund Raising Help**

____ **Park Setup Help**

Relationship _____ **Phone(cell)** _____ **Phone(alternate)** _____

LIABILITY RELEASE

MUST be signed by a parent or legal guardian of player.

I, the parent or legal guardian of the above registered player, a minor, agrees that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations, and sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer Programs and activities of the USYSA Parties (the Programs), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any program, which transportation is hereby authorized. I future grant the USYSA Parties the right to use the Player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Program.

SIGNATURE _____

DATE _____

THIS SECTION TO BE COMPLETED BY LOSA

Amount Recv'd _____ **Money Order** _____ **Check No:** _____

Received By _____ **Date:** _____ **Cash** _____

Questions contact: Jacki Edwards
losaadmin@gmail.com or 573.434.2675