

LINDENHURST PARK DISTRICT YOUTH SOCCER

Fall 2018/Spring 2019 Registration

\$140.00 for Each Child (14 GAME SEASON)

Receive \$15.00 OFF the registration fee when you sign up to be a Head Coach Only!!!

Mail or deliver completed form and payment to Lindenhurst Park District, 2200 Grass Lake Rd., Lindenhurst, IL 60046

Player Name: (PLEASE PRINT)		Date of Birth:	Fall 2018 Grade Level:	Boy/Girl:
Player Address:		Parent:	Parent:	
		Home Ph:	Home Ph:	
		Work Ph:	Work Ph:	
Player Registering for: (please circle one)			I wish to donate to the LYSL Scholarship...	
Fall and Spring (14 Games) \$140.00	Fall Only (7 Games) \$140.00	Spring Wait List (7 Games) \$140.00	\$1 \$5 \$10 \$20	Other Amount _____
Played Soccer Before: (for LYSL or other) _____ Yes _____ No		If Travel Team player, specify Division and Team U- _____		Schedules, Standings and More! Check us out Online: www.lindenhurstparks.org Fax #: 847-356-6063
If yes, how many years played? _____		LASC Travel Team: _____ Other: _____		
Uniform Purchase (Indicate quantity in appropriate boxes)				
Adult Jersey (Home+Away) \$32.00	Youth Jersey (Home+Away) \$30.00	Total Shirt Order		
AS 30-32 _____	YS 6-8 _____	\$ _____		
AM 34-36 _____	YM 10-12 _____			
AL 38-42 _____	YL 14-16 _____			
Adult Shorts \$20.00	Youth Shorts \$18.00	Total Short Order		
AS 30-32 _____	YS 6-8 _____	\$ _____		
AM 34-36 _____	YM 10-12 _____			
AL 38-42 _____	YL 14-16 _____			
Adult Socks \$8.00	Youth Socks \$6.00	Total Sock Order		
		\$ _____		
E-mail address: _____		Total Uniform Order \$ _____		
Volunteers – We need your assistance to make this program succeed for your children:				
(Name) _____		Practice Day: _____	Head Coach Discount	\$ (15.00) _____
(Circle one) Head Coach Assistant Coach		M, Tu, W, Th, F		
Payment				
Card Type: (please circle one) Visa MasterCard Discover			Registration Fee: \$ _____	
Card Number: _____			Late Sign-Up Fee: \$ _____	
Expiration Date: _____			Scholarship Donation: \$ _____	
			Total Uniform Order: \$ _____	
			TOTAL FEES PAYABLE: \$ _____	
For Office Only:				
Cash: _____	Check # _____	Credit Card: _____	Date: _____	Clerk: _____

Emergency Contact Name: _____ **Ph Number:** _____

I have read and understand the waiver and release of all claims on the back of this form. I also acknowledge that my family and I support the Lindenhurst Park District and the Lindenhurst Youth Soccer League.

Signature of Parent/Guardian: _____ **Date:** _____
(18 Years or Older)

Waiver available upon request.

REGISTRATION DEADLINE: MAY 31, 2018

Registration between June 1-July 31, 2018: \$10 Late Fee

Registration after July 31, 2018: \$20 Late Fee