

LINDENHURST PARK DISTRICT YOUTH SOCCER

Fall 2019/Spring 2020 Registration

\$142.00 for Each Child (14 GAME SEASON)

Receive \$15.00 OFF the registration fee at the conclusion of the season for 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 2019 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) \$142.00	Fall Only (7 Games) \$142.00	Spring Wait List (7 Games) \$142.00	\$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, 2019

Registration between June 1-July 31, 2019: \$10 Late Fee

Registration after July 31, 2019: \$20 Late Fee