



Player's Name _____ D/O/B: _____

Gender: _____ Age: _____ Grade Entering in Fall: _____

Mailing Address: _____

Parents Name(s): _____ Home/Cell #: _____/_____

Parents Name(s): _____ Home/Cell#: _____/_____

E-Mail Address: _____

Divisions based on the grade they will be entering in the fall. Check box.

- | | | |
|--|---|--|
| <input type="checkbox"/> Kindergarten - \$20 | <input type="checkbox"/> 1st & 2nd Grade - \$25 | <input type="checkbox"/> 3rd & 4th Grade- \$25 |
| <input type="checkbox"/> 5th & 6th Grade- \$30 | <input type="checkbox"/> 7th & 8th Grade- \$30 | <input type="checkbox"/> 9-12th Grade Coed- \$35 |

First child will be full price, with \$5 off for each additional child.

Shirt Size: Youth or Adult Small Medium Large X-Large

I hereby give permission for the above named child to participate in the Loudon Youth Athletic Association (LYAA) recreational fall soccer program. I agree to assume all risks incidental to participation in this program, including any risk resulting from transportation to or from activities. I further agree to release from liability, LYAA officers, coaches, and officials.

Parent or guardians signature: _____

Please list any pertinent medical information that the Association should be aware of, especially medication a child will be carrying on his/her person. If you choose not to list this information, please complete a medical release form and make your child's coach aware. You may also list an alternate emergency contact.

Each year we ask parents to assist in several areas that allow us to have a successful season. Please check the area in which you would be able to assist (training will be provided in all areas).

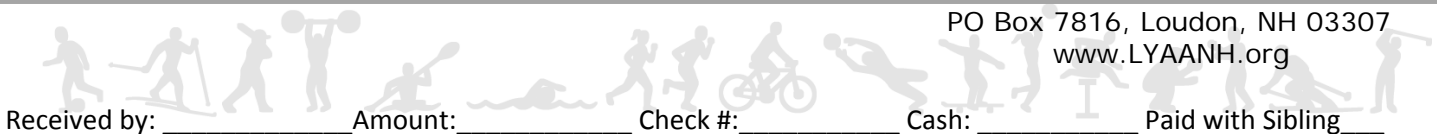
- Field Maintenance Coach Assistant Coach Concessions Referee Sponsor a Team
 Team Mom/Dad ****The more people that help, the easier it is for all volunteers! Thank you! ****

Forms and checks can also be mailed to the following:

L.Y.A.A. PO Box 7816 Loudon, NH 03307

Make all checks payable to LYAA. Sign-up fees are non-refundable.

PO Box 7816, Loudon, NH 03307
www.LYAANH.org



Received by: _____ Amount: _____ Check #: _____ Cash: _____ Paid with Sibling _____