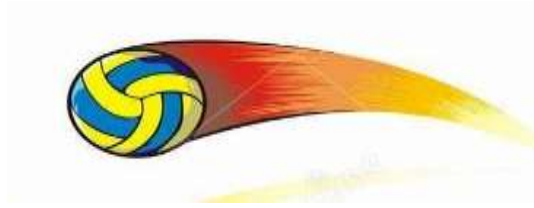


Lone Rock Youth Soccer 2018 Fall Registration Form

For Birth Years 2008-2013



****Forms Due August 15th, 2018****

Practices begin September 5th & 6th - games begin week of September 17.

We will have three age groups, please circle

U6 (under 6)

U8 (under 8)

U10 (under 10)

Name of player: _____

Date of Birth _____ 2018-19 School Grade _____

Parents/ Guardians: _____

Address: _____ Email: _____

Phone: _____ Cell/ Text # _____

Uniform Includes Jersey, Shorts, & Socks- Please circle one size below:

Youth: XS- 4 / 5 S- 6 / 8 M- 10 / 12 L- 12 / 14 or

Adult: S M L XL

Without you there isn't a Lone Rock Soccer. Please consider volunteering to coach! I would love to help:

Coach _____ Assistant Coach _____ Ref _____ Sponsor _____

Line Fields _____

*mandatory Coaches meeting on August 23 @ 6:30 pm

Mail registration and checks made payable to Lone Rock Soccer to:

Lone Rock Soccer

% Michele Brunson

4472 Tripp Lane

Stevensville, MT 59870

Fees:

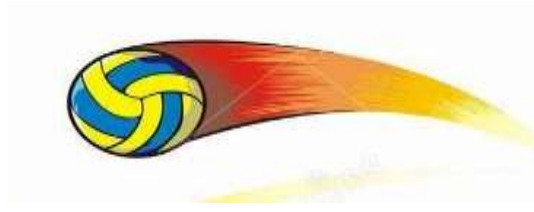
One Player \$45

Two Players \$85

Three Players \$ 120

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U6 (under 6)

U8 *under 8)

U10 (under 10)

Shin guards and long socks are required. Soccer cleats (no spike on toe) are recommended, but not required. Jewelry, hard casts, baseball caps, and metal hair tiebacks are NOT allowed.

I hereby grant Lone Rock Soccer permission to publish photos of the Lone rock / SAY Soccer season, which may include pictures of my child. I understand that if names are listed, it will be my child's first name only, in an attempt to comply with the National Child Protection Act. Further, I understand that every attempt will be made to prevent unauthorized access to online information and hold Lone Rock Soccer / SAY Soccer harmless for the accidental dissemination of information. If neither box is checked, consent will be assumed. _____ YES _____ NO

Please note any other important information, including behavioral concerns or medical issues we need to know about your child: _____

With full knowledge of the risks of injury in the game of soccer, I, the Parent/Guardian of _____, give permission for emergency medical treatment of my child for illness or accident if I cannot be first contacted. We hereby agree that the Soccer Association for Youth (SAY), its members, coaches, and officers or Lone Rock Soccer shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind, whether sponsored by, or under the supervision of SAY / Lone Rock Soccer and we agree to indemnify and to hold harmless SAY /Lone Rock Soccer, its members, the coaches, officers, and designates of any claim whatsoever.

Parent of Guardian Signature _____ Date _____

Emergency Contact Info

Name _____ Phone _____

Name _____ Phone _____

Please contact Lone Rock Soccer at lonerocksoccer@gmail.com or call Michele Brunson at 406.240.8156 if you have any questions, concerns, comments. This soccer program is not a school sponsored program so please do not contact the school.