



LINCOLN SPIRIT SOCCER --Team Registration Form

FALL _____

TEAM NAME : _____

TEAM ID: _____ AGE _____

Boys Girls

Head Coach : _____

Assistant Coach : _____

**Email : _____

**Email _____

Address : _____

Address : _____

_____, NE _____
City Zip Code

_____, NE _____
Zip Code

Home Phone Work Phone Cell Phone

Home Phone Work Phone Cell Phone

	PLAYER'S NAME	Street Address	Zip Code	Home Phone	Birth Date	Last 4 digits SS #	Type*	Total Fee	Parent Email	YMCA Member	Parent Initials
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											

Complete ALL spaces for each Player

*Type of player: N=New player (has never played Spirit Soccer),
 S=Secondary Player (Form must be submitted), C=Change of Information (new address)
 +New Players must include a photo copy of a birth certificate.
 +All players must supply the coach with a photo for the player pass.

Coaches, Please Complete:
 ___ I am a new coach and would desire to be paired with a mentor coach.
Coach Certifications (circle all that apply): USSF: Youth Modules E D C
 NSCAA: State Regional Adv. Regional National Adv. National

Mail (White Copy Only) to : Lincoln Spirit Club, 1039 P Street Lincoln, NE 68508

**At least one coach email address must be provided. If none, the team will not be registered.

DEADLINE: (All prices include \$10 Mandatory Fundraiser Fee.)
 on/before JUN. 30th -- \$75
 after JUN. 30th -- \$85

YMCA Members - \$20 discount
Secondary Players - \$40 for Spirit Players
 \$45 for outside club players
Deductions: \$2.00 if registering more than one child.

Checks payable to: Lincoln Spirit Club

Parent Permission & Release: I release the Lincoln Spirit Club and its coaches from all claims of any injury which may be sustained by above child while participating in any LSC sponsored activity. If medical attention is required, I give permission for such medical care. I also agree to assume responsibility for payment of any treatment. I give permission for LSC to use video or photos of me or my family for promotional materials. **If you agree to these terms and conditions please initial in the box provided.**