

Abiding Savior Lutheran Soccer Registration

CYC Boys and Girls Soccer League Pre-K through 4th Grade

4353 Butler Hill Rd. St. Louis, MO 63128 314.892.4408

www.abidingsaviorlutheran.org

Please print

Gender: Male Female

CHILD'S NAME: _____ PHONE: _____

PARENT'S NAME: _____ DOB: _____

ADDRESS: _____ SCHOOL: _____

CITY: _____ ZIP: _____ GRADE IN FALL: _____

EMAIL: _____

TEAMMATE REQUEST: _____

I GIVE MY PERMISSION FOR MY SON/DAUGHTER TO PLAY THE ABOVE SPORT ORGANIZED BY ABIDING SAVIOR LUTHERAN CHURCH AND SCHOOL (ASLCS). I HEREBY RELEASE ASLCS AND THE TEAM COACHES FROM ALL LIABILITY DUE TO INJURIES SUSTAINED BY MY CHILD WHILE HE/SHE IS PARTICIPATING IN THE PARISH SPONSORED ACTIVITY. I ALSO, IN MY ABSENCE, DO HEREBY GIVE MY CONSENT FOR A REPRESENTATIVE OF ASLCS TO TAKE MY SON/DAUGHTER TO THE HOSPITAL FOR EMERGENCY MEDICAL CARE IN THE EVENT OF INJURY SUSTAINED DURING THIS PARISH-SPONSORED ACTIVITY.

(SIGNATURE OF PARENT/GUARDIAN)

I WOULD LIKE TO VOLUNTEER MY SERVICES AS (circle all that apply)

Manager Assist. Coach Concessions Committee Uniform Committee Clerical/Data Entry

Referee Administration Other: _____

NOTE: A \$50 Refundable concessions worker's fee per family is required with registration.

League Fee: _____ Please make checks payable to Abiding Savior.

Work Fee: _____

TOTAL: _____

FOR OFFICE USE ONLY

NUMBER OF CHILDREN REGISTERED _____ DATE: _____

CASH: _____ CHECK #: _____