



LEXINGTON F.C. COMMITMENT FORM

P. O. BOX 23260
LEXINGTON, KY 40523-3260

LEXINGTON FC OFFICE: (859)219-1493
E-MAIL: LexingtonFC@aol.com
WEB SITE: www.lexingtonfc.org

FALL 2008 / SPRING 2009

FOR OFFICE USE ONLY

TEAM	REG. NO.
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A component of Lexington Youth Soccer Association

INFORMATION ABOUT PLAYER

PLEASE COMPLETE THE INFORMATION IN THE OPEN SPACES, COMPLETE THE SHADED AREAS IF THIS IS A NEW REGISTRATION OR IF YOU HAVE CHANGES FROM THE LAST REGISTRATION.		<u>PROOF OF AGE REQUIREMENT</u>	
HAS PLAYER BEEN REGISTERED WITH LYSA OR LFC WITHIN THE LAST 2 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, PLEASE INCLUDE A PHOTO COPY OF HIS/HER BIRTH CERTIFICATE WITH THIS REGISTRATION.		If the player has not played for Lexington F.C., proof of age <i>MUST</i> accompany this commitment form. You may submit a photo copy of official birth certificate, an uniformed services identification and privilege Card (DD Form 1173), birth registration issued by an appropriate government agency, board of health records, passport, alien registration card issued by the U.S. government, a certificate issued by the Immigration & Naturalization Service attesting to age, or a Certificate of an American citizen born abroad issued by the appropriate government agency.	
LAST NAME	FIRST NAME		
HOME ADDRESS (PO BOX NOT ACCEPTED)		APT.	
CITY		ZIP CODE	
HOME PHONE	E-MAIL ADDRESS		
BIRTHDATE (MO/DAY/YR)	SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
TEAM THIS PLAYER ASSIGNED TO:	LAST 4 DIGITS OF SOCIAL SECURITY No.		

NOTE - Children registered with the Lexington Youth Soccer Association (Lexington F.C.) / Kentucky Youth Soccer Association, may only play on one team (either recreational or select).

FUND RAISING - Lexington F.C. reserves the right to require players and/or parents to participate in fund raising events.

INFORMATION ABOUT PARENT

FATHER'S LAST NAME	FIRST NAME	HOME PHONE	WORK PHONE
MOTHER'S LAST NAME	FIRST NAME	HOME PHONE	WORK PHONE

YEARLY FEES

Under 9 and Under 10

Registration fee (includes uniform)\$665
Registration fee (no uniform needed).....\$590
 (If paid in full by check or credit card* by June deadline, \$50 will be deducted from yearly fee. If paying by check and not in full, ½ payment (\$295) is due by June deadline and ½ payment (\$295) is due by Oct. 15. Uniforms must be paid for by June deadline.)

All Under 11, All Under 12 and Under 13 & Under 14 Classic

Registration fee (includes uniform).....\$745
Registration fee (no uniform needed).....\$670
 (If paid in full by check or credit card* by June deadline, \$50 will be deducted from yearly fee. If paying by check and not in full, ½ payment (\$335) is due by June deadline and 1/2 payment (\$335) is due by Oct. 15. Uniforms must be paid for by June deadline.)

Under 13 and Under 14 Premier

Registration fee (includes uniform).....\$885
Registration fee (no uniform needed).....\$810
 (If paid in full by check or credit card* by June deadline, \$50 will be deducted from yearly fee. If paying by check and not in full, ½ payment (\$405) is due by the June deadline and ½ payment is due by Oct. 15. Uniforms must be paid for by June deadline.)

Under 15 through Under 18 Premier

Registration fee (includes uniform).....\$480
Registration fee (no uniform needed).....\$405
 (Fees are not subject to discount, but if paying by check and not in full, ½ payment (\$202.50) is due by the June deadline and ½ payment (\$202.50) is due by Oct. 1. Uniforms must be paid for by June deadline.)

Under 15 through Under 18 Classic

Registration fee (includes uniform).....\$410
Registration fee (no uniform needed).....\$335
 (Fees are not subject to discount, but if paying by check and not in full, ½ payment (\$167.50) is due by the June deadline and ½ payment (\$167.50) is due by Oct. 1. Uniforms must be paid for by June deadline.)

*Credit cards are accepted for online registration only.

CONSENT & WAIVER

I recognize and understand that soccer is a sport involving risks not encountered in everyday play. With this understanding, in consideration of Lexington Youth Soccer Association's (LYSA) permitting my child to participate in the youth soccer program, I covenant and agree to indemnify and hold harmless and do release, requite and forever discharge, LYSA, Kentucky Youth Soccer Association (KYSA), the United States Youth Soccer (USYS) and the Lexington Fayette Urban County Government (LFUCG), their officers, Boards of Directors, employees, coaches, referees and other such volunteers as are connected with LYSA, KYSA and USYS in any capacity, for any and all damages, claims, and/or liability arising out of any and all injury to or caused by my child. With the knowledge and understanding of the foregoing, this is to certify that my child has my permission to play soccer in the LYSA program. Further, I hereby authorize any and all emergency medical treatment deemed necessary by any physician, nurse or paramedic. A copy of this authorization shall be as effective as the original.

By signing this document the participant hereby gives the Lexington Youth Soccer Association, its licensees, successors, legal representatives and assigns, the absolute and irrevocable right and permission to use the participants name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of the participant with or without the participant's voice, or in which the participant may be included in whole or in part photographed, taped, videotaped, and/or recorded during his/her participation in Lexington Youth Soccer Association, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any other lawful purpose and/or approve the finished product or products or the editorial, promotional or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, products, copy and/or soundtrack may be applied. The participant discharges and agrees to hold harmless the Lexington Youth Soccer Association, its licensees, successors, legal representatives and assignees from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or to be produced in the making, processing, duplication, projecting or displaying of said images, and from liability for violation of any personal or proprietary right that I may have in connection with said images and with the use thereof.

Please sign below (not valid without signature) :

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Refund Policy: No refunds will be given except in cases of season ending illness or injury documented by a physician and prior to the season's first game. A \$50 processing fee and cost of uniform, if purchased, will not be refunded.

PLEASE RETURN THIS FORM WITH THE FOLLOWING:

- Copy of birth certificate if child has not played in LYSA within the last 2 years.
- Registration Fee (late fee if applicable.) **Late fee will be enforced and will be returned if not included.**
- It is not possible to register by fax as fees must be received in order to register players

Make all checks payable to "Lexington FC". **If writing multiple checks, all checks must be submitted at time of registration (dates provided at time of tryout or registration).** *Credit card payments are accepted for online registration only.

Registrations after the June deadline are subject to a \$25 late fee.

MAIL TO: LFC, P. O. BOX 23260, LEXINGTON, KY 40523-3260

Lexington FC Financial Commitment Contract

We specifically agree and understand that the Lexington FC is relying upon our representation and our child is willingly participating on his/her Lexington FC team for the fall of 2008 and spring of 2009. As a result, the Lexington FC has expended funds on behalf of the child and the fee that the undersigned pays is understood to be nonrefundable.

Parents/guardians of Lexington FC players are obligated financially for all expenses including club fees, uniform fees, (and all team assessment fees) for the 2008-2009 year. For U-9 through U-14, the soccer year includes both the fall and the spring seasons. For U-15 through U-18, the soccer year is the spring season unless the team elects to participate in fall tournaments and incurs expenses.

NO REFUNDS will be given with these exceptions:

1. The player incurs a season ending illness or injury documented by a physician and prior to the first game of the season.
2. A player moves far enough away that his or her participation would not be possible.

PLAYER TRANSFER AND RELEASE

Lexington FC players on rosters in 2008-2009 are bound to that team for the entire playing year unless he/she requests a transfer. Requests must be made in writing by filling out a "PLAYER RELEASE FORM" found on the Kentucky State Soccer Association website, www.kysoccer.net. The LFC Director of Coaching and the LFC Director will review these requests and their decision will be final. A player will not be granted a release or transfer until all 2008-2009 registration fees for the Lexington FC and all past due LFC team assessments have been paid. In addition, the Lexington FC will charge a \$50 administrative transfer fee, which is separate from any fees imposed by KYSA.

We acknowledge that we have read this financial commitment contract and agree to these obligations. Signed:

Player _____ Guardian _____ Date _____

LEXINGTON F.C. COMMITMENT INSTRUCTIONS

Please follow the instructions below:

- Complete the Lexington F.C. Commitment Form and mail to the LYSA Office at the address listed or return to your team coordinator if he/she has instructed. You must include a copy of your child's birth certificate if the player has not played for Lexington F.C. or LYSA Select within the past two years.
- Complete the Medical Release Form, have it notarized and return it to your team coordinator. These forms are to be kept in the coach's or coordinator's possession at all times so that if medical treatment is necessary for your child and you are not available there will not be a delay in having your child treated.
- A current, small photograph of your child is needed for his/her player card. Please give it to your team coordinator.

If you have any questions, please call the Lexington FC Office at 219-1493 or the LYSA Office at 223-5632.

LYSA MANDATORY PARTICIPATION PROGRAM

LYSA requires that parents participate in the operation of the League. There are many jobs that need to be done some require very little time some require a substantial commitment.

We have listed below a summary of jobs available.

CODE	POSITION	DESCRIPTION	TIME COMMITMENT
R	Referee	Attend referee clinic; Referee LYSA games	2 hours per week = 1 game
F	Fields	Assist with field preparation and maintenance	2 hours per week
O	Other Administrative	Willing to participate on committees	Varies with position
T	Lexington FC Tournament Volunteers	Assist with the Bluegrass Invitational Tournament (Memorial Day Weekend), the Lexington Invitational Tournament (fall season) or the Bluegrass Elite Soccer Tournament (late March).	4 hour shifts
Z	Lexington F.C. Team Coordinator	Serve as the Coordinator of your child's team in Lexington F.C. (select soccer)	3 hours per week

Program and General Information

The Lexington Youth Soccer Association was incorporated in 1977 to promote "the growth and appreciation for the game of soccer by providing opportunities for youth to learn and participate in organized programs of soccer." LYSA is a volunteer self-supporting organization run by the player's parents.

LYSA is a member of the Kentucky Youth Soccer Association (KYSA) and the United States Youth Soccer Association (USYSA).

LYSA offers two programs for youth soccer: Recreational and Competitive. We also offer a league for Adults.

Youth Recreational Soccer

- Recreational soccer is the nuts and bolts of the organization. Teams are formed for children four years of age through 18. Following the guidelines of the United States Youth Soccer Association, our teams are formed on a random, geographical basis by age.
- Our main soccer complex is located in Masterson Station Park out Leestown Road. We currently have 12 full sized fields and 8 small sized fields at this facility. Our Micro League games are played at our Farm Bureau Field also out Leestown Road. Occasionally our Under 8 league will use fields located in other areas of the city.
- Our Micro League for Under 5 and Under 6 offers an opportunity for very young children to learn the basics of soccer without additional practices. Micro League Games are played primarily on Saturdays with an occasional Tuesday or Thursday evening game.
- Our Training League (Under 8), Junior League (Under 10), and Senior League (Under 12 & 14) offer mixed and all girl teams. Teams practice generally twice a week at a time and location determined by the coach. Teams will play one or two games. Games are played generally on weekends, however we may have week night games if the need arises. On Sundays, we do not start any game before 1:00 in the afternoon. Game schedules will be posted on our web site before the start of the season.
- Our Varsity League (U16 & 19) offers mixed boy/girl teams only. These teams, like our others will practice during the week and play games on weekends.
- Registration deadlines are July 15 and February 15 for the fall and spring seasons respectively.
- We now offer online registration. You can access our online registration system at www.lysa.org.
- LYSA depends on parent participation. It is our hope that you will choose to volunteer to assist in running the league. Parents who choose not to volunteer must pay an additional \$50 per player at the time of registration. We expect that when you volunteer in a specific area, you will be able to assist us if contacted.

- In addition to the cost for registration, the uniform charge is \$28. That fee is paid directly to the sporting goods store chosen by your child's coach and is not paid until after the child's team assignment is made.
- Children will be notified of their team assignment approximately 3-4 weeks prior to the start of the playing season. At that time the coach will give parents information about their practice schedule and purchasing a uniform.
- Children eligible to participate with LYSA in Fall 2008 and/or Spring 2009 must turn 4 by July 31, 2008. Ages and age groups follow:

<u>Age as of 7/31/2008</u>	<u>Age Group</u>
4	Under 5*
5	Under 6*
6 & 7	Under 8
8 & 9	Under 10
10 & 11	Under 12
12 & 13	Under 14
14 & 15	Under 16*
16, 17 & 18	Under 19* **

*Mixed teams only; **plays Spring season only

Competitive Soccer (Lexington FC)

- LYSA offers a competitive division for children in Under 9 and above. Competitive soccer is available for those players and families who want to play at a more serious and competitive level. The cost and time commitment of competitive soccer is considerably more than our recreational program.
- In all age groups tryouts are held for team placement. LFC offers Premier and Classic levels as well as Legend and United levels if the demand warrants. Coaches in LFC are paid.
- For more information call the Lexington FC office at 219-1493.

Amateur League Lexington (ALL)

- LYSA also offers a program in the spring and summer for adults who are interested in playing soccer. Divisions include co-ed intermediate, advanced, over 30, over 40 and men's open. A separate registration form is available for the Amateur League on our web site at www.lysa.org.
- Questions regarding the Amateur League may be addressed to lexingtonadultsoccer@hotmail.com.

Questions about our programs may be addressed to (859) 223-5632 or email info@lysa.org.



MEDICAL RELEASE FORM

Please have **MEDICAL RELEASE** notarized and return it to your team coordinator

As the parent/legal guardian of the player named below, I request that in my absence this player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Player's Name _____ Team: _____
(i.e. U-14 Premier, Classic, Legend, United)

Date of Players Birth ____/____/____ Date of last Tetanus Booster ____/____/____ Social Security # _____
Mo Day Yr Mo Day Yr

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Phone (Home) _____ (Work) _____ (FAX) _____

Known allergies of this player, including any allergies to medicine _____

Any other medical problems which should be noted _____

Family Physician _____ Phone _____

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip _____

Phone (Home) _____ (Work) _____ (FAX) _____

Person to notify if parent/guardian is unavailable _____

Phone (Home) _____ (Work) _____ (FAX) _____

Insurance Carrier _____ Policy Number _____

Signature of Parent/Guardian _____ Date _____

WAIVER

I recognize and understand that soccer is a sport involving risks not encountered in everyday play. With this understanding, in consideration of Lexington Youth Soccer Association's (LYSA) permitting my child to participate in the youth soccer program, I covenant and agree to indemnify and hold harmless and do release, requite and forever discharge, LYSA, Kentucky Youth Soccer Association (KYSA), the United States Youth Soccer (USYS) and the Lexington Fayette Urban County Government (LFUCG), their officers, Boards of Directors, employees, coaches, referees and other such volunteers as are connected with LYSA, KYSA and USYS in any capacity, for any and all damages, claims, and/or liability arising out of any and all injury to or caused by my child. With the knowledge and understanding of the foregoing, this is to certify that my child has my permission to play soccer in the LYSA program. Further, I hereby authorize any and all emergency medical treatment deemed necessary by any physician, nurse or paramedic. A copy of this authorization shall be as effective as the original.

Signature of Parent / Guardian _____ Date _____

NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on the _____ day of _____, _____.

Notary Public in and for the State of _____

Commission expires _____

(Seal Required)