

LCAA Youth Registration Form
5313 50th St. #C-1, Lubbock, Texas 79414 (806) 799-2629

Name of child: _____ Gender: Male or Female

Mailing address: _____ Zip code: _____

Date of birth: _____ Age: _____ Grade : _____

Parent's name: _____ Phone #: _____ Wk/cell: _____

Parent's name: _____ Phone # _____ Wk/cell: _____

School closest to home or school attends: _____

If this child will be participating in more than one LCAA sport, please list: _____

Please list any sibling who will be participating in a LCAA sport at the same time:

Name: _____ Sport: _____ Age: _____ Grade: _____

IF YOU WISH TO PLAY WITH ANOTHER CHILD, REGISTRATION FORMS MUST BE TURNED IN TOGETHER.

Please circle the sport you are signing up for:

INDOOR SOCCER

BASKETBALL

BOWLING LEAGUE

Please circle a shirt size (Jerzees 50/50 blend)

Youth X-Small
(2-4)

Youth Small
(6-8)

Youth Medium
(10-12)

Youth Large
(14-16)

Adult Small

Adult Medium

Adult Large

All youth programs are designed to help develop skill levels and to activate the individual toward a level of competition for his/her age group. The development of the child's self-concept, however, is of primary importance. All of our coaches are expected to conduct themselves in a positive manner at all times. **I would like to coach or assist coach under these guidelines:**

COACH: _____

ASSIST COACH: _____

I/we understand that LCAA does not furnish insurance coverage of any kind or nature for anyone for any reason, and I/we hereby release, agree to defend, and hold harmless LCAA and all of its affiliates, agents and associates of or from any liability whatsoever that may arise pertaining to me or my family, from any cause or reason of all kinds or nature. I/We understand the meaning of the liability release to its fullest extent, and agree to same without reservations or exceptions.

THERE WILL BE NO REFUNDS. If a player decides to withdraw before the 1st practice, all money paid will be applied to any LCAA youth program for one full year from date of withdrawal.

Accepted and agreed by: _____ Date: _____
Parent/Step parent/ Foster parent/ Legal guardian

Do you receive our flyer in the mail? _____

FOR OFFICE USE: Amount paid: _____ Check # _____