

IT'S TIME TO REGISTER FOR LOWER DIVISION SOCCER.

Spread the word, tell a friend or neighbor!!

KIDS AGES 4-12 YEARS OLD (FALL SEASON: AUGUST - OCTOBER)

REGISTER AT **PORTMAN** ON **Wednesday, APRIL 24th** OR **Thursday, 25th**
FROM **6:30-8:30 pm**

PLEASE BRING A COMPLETED REGISTRATION FORM AND A CHECK PAYABLE TO: **LLPS**
IF YOU ARE PAYING WITH CASH, PLEASE BRING CORRECT CHANGE.

IF YOU REGISTER BY MAIL, MAIL REGISTRATION FORM WITH PAYMENT TO:

TIM KREFT @ 4101 JAY STREET; DULUTH, MN. 55804

THE FOLLOWING IS THE AGE DIVISION COST PER PLAYER:

DIVISION	BORN BETWEEN	COST	MUST NOT BE OLDER THAN:
U6	8/1/07 - 7/31/08	\$60.00	5 years old on July 31st, 2013
U8	8/1/05 - 7/31/07	\$65.00	7 years old on July 31st, 2013
U10	8/1/03 - 7/31/05	\$65.00	9 years old on July 31st, 2013
U12	8/1/01 - 7/31/03	\$70.00	11 years old on July 31st, 2013
U13	8/1/00 - 7/31/01	\$75.00	12 years old on July 31st, 2013



Go Lakers!

If you need a Uniform or Jersey

U10 – U13 Division ... Uniforms \$22.00

U6 – U8 Division ... Jersey \$12.00

Samples will be available for sizing
at registration time

Late Fee Per Player

After May 9th
\$20.00

(Deadline for Registration forms – May 23rd)

(PLEASE SEE REGISTRATON FORM
ON BACK SIDE OR BELOW)

Any Questions, please call Tim Kreft @ 348-9030

Lakeside / Lester Park
Soccer Club

Is always looking for
Volunteer Coaches
(at all levels)

- No experience needed
- Only 1 to 2 nights a week
- Club will provide everything needed
- FREE Coaches shirt
- Will provide coaching basics class
- Will provide drills and practice plans

Bob Pratt Memorial Building
at the Jean Duluth Soccer Complex

Bob was coordinator of several AYSA soccer clubs, founder of Fields for Duluth, founder of East Select Soccer Club, coached too many teams to count and volunteered in many other soccer projects. Bob died of cancer at the age of 58 in May 2011.

Lakeside / Lester Park Soccer club will be supporting the Bob Pratt Memorial Building fund ... Please, contribute to the fund at this year's soccer registrations ... LLPS will match contributions at registration up to \$300

Game Nights:

U-6: Mon. / Wed. U-8: Tue. / Thur.

U-10: Mon. / Wed.

U-12: Tue. / Thur. U-13: Mon. / Wed.

**Lakeside / Lester
Park Soccer Club****LOWER DIVISION
2013**

First Name: _____ MI: _____ Last Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____ Sex (M/F): _____ School: _____

Parent Name: _____ Day Ph: _____ Eve. Ph: _____

Parent Name: _____ Day Ph: _____ Eve. Ph: _____

Email Address: _____ Other emergency #'s: (cell, pager) _____

League (Circle One): **Boy / Girl U-13** (Not be older than 12 on July 31, 2013)**Boy / Girl U-12** (Not be older than 11 on July 31, 2013)**Boy / Girl U-10** (Not be older than 9 on July 31, 2013)**Coed U-8** (Not be older than 7 on July 31, 2013)**Coed U-6** (Not be older than 5 on July 31, 2013)Jersey Size (Circle One) : YOUTH: 6/8 10/12 14/16 ADULT: S M L XL **Checks Payable**Short Size (Circle One) : YOUTH YXS YS YM YL ADULT: S M L XL **to: LLPS******MEDICAL INFORMATION & CONSENT****

Alternate contact in an emergency: _____ Phone: _____

Doctor: _____ Clinic: _____ Phone: _____

Hospital Preference: _____ Medical Insurance: _____

Dentist: _____ Office: _____ Phone: _____

Dental Insurance: _____

Any medical prohibitions, limitations, or issues: _____

AGREEMENT: I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the United States Youth Soccer Association (USYSA), the Minnesota Youth Soccer Association (MYSA), the Arrowhead Youth Soccer Association (AYSA), and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA, the MYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify the USYSA, MYSA, AYSA, and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

MEDICAL RELEASE: As the parent or legal guardian of a participant in the USYSA/MYSA/AYSA programs, I give consent for emergency medical care by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Parent/Legal Guardian: (please print) _____

Date: _____ Signature: _____

****PREVIOUS EXPERIENCE AND VOLUNTEER OPPORTUNITIES****Child's previous experience? Yes ☐ No ☐ If yes, when? _____ Age: _____ Division / Team: _____Please ☒ the area(s) in which you are willing to help: ☐ Coach ☐ Ass't Coach ☐ Team Parent ☐ Board Member ☐ Other _____

List requests for specific coach or other players: _____

For Club Use: Date _____ Payment Amount _____ Check # _____ Cash _____ Remarks _____

Uniform: Shirt size: Y / A _____ Shorts: Y / A _____