



# Sporting Lee's Summit Soccer Club

705B SE Melody Lane, Lee's Summit MO 64034

## YOUNG ATHLETES WITH SPECIAL NEED PROGRAM REGISTRATION FORM

Season: **Fall** **Spring** (circle one)

PLAYER'S NAME: \_\_\_\_\_ Sex: M F

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PLAYER'S SHIRT SIZE (circle one): YS YM YL AS AM AL

PARENT(S): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (home): \_\_\_\_\_ (cell): \_\_\_\_\_

EMAIL 1: \_\_\_\_\_ EMAIL 2: \_\_\_\_\_

New players only – Please describe the nature of your child's special needs so that we can do our best to accommodate him/her. Include any medical conditions that we should be aware of.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **REGISTRATION:**

Please return this form to the address above, Attn: Registrar or scan/fax the completed form to [Registrar@SportingLS.org](mailto:Registrar@SportingLS.org).

### **WAIVER**

In consideration of and as an inducement for the player shown on this registration form being allowed to participate in the activities or events of Sporting Lee's Summit SC, the player and parent/guardian agree to hold harmless, make no claim of any kind or character and hereby waive, release and discharge all claims that might hereafter arise against Sporting Lee's Summit SC, its board, coaches, volunteers and associates, the owners of the property on which games, practices or other events may occur. In the event of any such claim, the player and parent/guardian agree that any cost associated with such claim is the sole responsibility of the player/guardian.

\_\_\_\_\_  
*Parent/Guardian Signature constitutes agreement with the Waiver*

\_\_\_\_\_  
*Date*