

# Little Mav Soccer Club

The mission of Little Mav Soccer Club is to provide youth boys and girls a fair and unbiased opportunity to play competitive soccer. Players will be placed on teams based on age, skill, ability, and potential. Entire teams are welcome. It is recommended that players have soccer playing experience prior to registering with Little Mav Soccer Club. We recommend that players who have little to no soccer playing experience, start with a recreational league first.

- Registration Due by November 17, 2008 but please mail in ASAP.
  - Please mail registration and non-refundable (if placed on a team) \$50 registration fee before November 17, 2008.
  - Per IYSA requirements, players are registered for both the Fall and Spring seasons.
- Fees are \$150 per season. Fees are collected before both the Fall and Spring Seasons. The \$50 registration fee is included in these fees. The remaining \$100 is due before play ensues in the Fall/Spring.
  - This includes a TOURNAMENT, team registration, state player registration, referee fees, insurance, field maintenance fees, coaches' fees, administration fees, and UNIFORMS (1 set per year).
- For more information please call Brady Winkleman (765-337-3743).
- Make Checks Payable to: LMSC
- Mail registration to: Vickie Denson, 4903 Shearwater Court, Lafayette, IN 47909
- Visit us at [mavsoccer.org](http://mavsoccer.org)

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## The Little Mav Soccer Club Registration Form

Player's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Player's Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mother's Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's or Mother's address if different from player \_\_\_\_\_

Parent Email Address \_\_\_\_\_

New Player \_\_\_ Returning Player \_\_\_ Current Jersey Number (If Applicable): \_\_\_\_\_

Please give summary of soccer playing experience:

### Participation Waiver

I hereby give permission for \_\_\_\_\_ to participate as a member of the Little Mav Soccer Club. I further certify that \_\_\_\_\_ is in good physical condition as required by the United States Soccer Association. I understand that the Little Mav Soccer Club carries no health or accident insurance. I agree not to hold the Little Mav Soccer Club, its Board, its coaches or referees responsible for injuries occurring during or enroute to or from games and practices. Furthermore, I agree not to hold the Central Indiana Youth Soccer League, Indiana Youth Soccer Association, GIRLS or any of their agents responsible for injuries received in conjunction with participation in this program.

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_