## LESTER FELICIAN SOCCER ACADEMY

## Winter 2016 Registration Form

Tel: (717) 802-1440 Email: lesterfelician@yahoo.com

Player's Last Name:		First Nar	ne:	M.I.:	
		Gender: M F			
Address:					
City:	State:	Zip:			
Home Phone:	Cell: _	Email:			
Father's Name:		Mother's Name:			
List Any Relevant Medical	Problems:				
Player's Shirt Size (please circle):		Youth	YS / YM / Y	L	
		Adult	S/M/L		
<u>Per</u>	rmission to	Play/Liab	oility Release		
I, the parent or guardian of the aboractivity which can result in injury. Lester Felician Soccer Academy (bound, hereby release and indem including the staff at Yellow Breed causes of action arising out of or i by LFSA.	In consideration LFSA), I, for modify LFSA, the ches Sports Ce	on of the planyself and the ir employee entre, from a	yer's participation in the player and those s, associated perso and against all claim	n activities sponsored by intending to be legally nnel and volunteers, s, liabilities, damages or	
Print Parent / Guardian's N	Name:				
Signature:		Date:			
*********	******Official	Use Only***	*********	*********	
Date Received:A	Amount Recei	ved: \$	Cash/Check	Number:	
Described Des		٨٠	a Craumi		