



Lakewood United FC Travel Soccer Registration Form

Player #1 Please print clearly.

Full Name: _____

Birth Date: ___/___/___ Gender (circle): M F

School: _____ Grade on Sept. 1, 20() _____

Is this child a new player for Lakewood United FC? YES NO

Last team this child played on: _____

Name of Coach: _____

Player #2 (If you are registering more than two children, please use an additional form.)

Full Name: _____

Birth Date: ___/___/___ Gender (circle): M F

School: _____ Grade on Sept. 1, 20() _____

Is this child a new player for Lakewood United FC? YES NO

Last team this child played on: _____

Name of Coach: _____

Parent or Guardian Information

Parent/Guardian Full Name: _____

Address: _____ Email: _____

City/State/Zip: _____ Best phone # to reach you: _____

Lindsays Law Parent and Athlete Waiver

Lindsay's Law - (Ohio Revised Code 3313.5310, 3707.58 and 3707.59) went into effect Aug 1, 2017 applicable to all youth sport organizations. All participants and their parents are required to view the video (16 minutes) and read the material contained at the following link:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Lindsays-Law/Lindsays-Law>

By marking this check box, I, the parent/guardian of the participant, confirm that I have viewed the video and read the material regarding Sudden Cardiac Arrest contained in the above link.

By marking this check box, I, the parent/guardian of the participant, confirm that the youth participant has viewed the video and read the material regarding Sudden Cardiac Arrest.

Concussion Information

Ohio's Return-to-Play law (ORC 3313.539 or ORC 3314.03) requires that Ohio youth athletes who are suspected of sustaining a concussion, MUST be removed from practice or play. Ohio laws prohibit a child to return to play (practice or competition) on the same day that he/she is removed on suspicion of having sustained a concussion. He/she may return the following day if cleared in writing by a physician (MD or DO) or other authorized healthcare provider that they did not sustain a concussion.

By marking this check box, I, the parent/guardian of the participant, confirm that we have read and understand the Concussion Information Sheet.

Consent to Play and Waiver - parent or guardian must sign

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Lakewood United Football Club (LUFC). Recognizing the possibility of physical injury associated with soccer and in consideration for the LUFC accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the LUFC, their employees, associated personnel and board members, 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.

Signature: _____ Date: _____

Lakewood United FC Payment

Please call The Lakewood Recreation Department at 216-529-4081 to pay for the Season.

You can also pay in person at :
14100 Franklin Avenue
Lakewood, Ohio 44107

Monday-Thursday 8:30 am - 5:30 pm
Friday 8:30 am - 5:00 pm

Direct Scholarship inquiries to:
Leslie Favre-Krogman

Registration Fee

Spring 2020

\$135 - This includes 4 home games and 4 away games. 2 practices weekly. Practices begin April 6 with first games beginning on April 19th.