



**Lexington UNIFUT Club  
Soccer League  
Boys and Girls grades PreK-8  
Registration Form**

*\$25 per Child*

**Mail Checks to:**  
Lexington Unifut  
PO Box 887  
Lexington, NE 68850

**PLAYER INFORMATION**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Sex            M        F

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

School attending: \_\_\_\_\_

Jersey Size: (Youth) YS YM YL YXL (Adult) AS AM AL AXL

**PARENTS INFORMATION:**

**Mother's Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Statement to parent or guardian**

I, the parent/guardian of the above-named player, acknowledge that soccer is a physically-demanding sport which can result in an injury or death. I, for myself and the player hereby release and indemnify the Lexington UNIFUT Soccer Club, coaches, managers, referees, or anyone who prepares any playing field from and against all claims, liabilities, damages or causes of action arising from our part or in connection with the player's participation in the activities sponsored by the Lexington UNIFUT Soccer Club. In addition, I give Lexington UNIFUT Soccer Club my consent to take and use photographs of my child during Lexington UNIFUT Soccer Club activities.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This program is possible thanks to volunteers. If you are interested in volunteering please let us know.

Would you be interested in volunteering? YES    NO    Name: \_\_\_\_\_