



LASA United Information

- Cost Breakdown:

| Category | Cost of Fee's | Payment Due | Paperwork Registration Due Date | Info | |
|------------------------------|--------------------------|--|---------------------------------|------|--|
| Registration | 200 | 1st Payment - 8/15/2023 2nd Payment - 8/30/2023 | 8/1/23 | | *Only 1 discount per family Applies only to Club Fee's* |
| Coach Family Discount* | 75 | Decision will be made by 8/30/2023 | 8/1/23 | | *only 1 kid |
| Multiple Siblings Discount** | 50 | Decision will be made by 8/30/2023 | 8/1/23 | | ** only 1 per family |
| Scholarship | Dependant on Availabilty | Decision will be made by 8/30/2023 | 8/1/23 | | |

- Uniforms can be ordered at www.lasaunited.com > Forms > Jersey Order Site
 - Keep in mind that uniforms need to be ordered and shipped to your personal address prior to the first tournament. We will not be ordering extras so please plan accordingly.
- For any questions regarding uniforms, issues concerning the team, mandatory forms, mandatory payments, or tournaments please speak with your individual coach first. If problems persist, please contact Fernando Ibarra Avila at fiбарra@lasaunited.com





Information Sheet

Player name: _____

Parent/Guardian Name: _____

Team Name: _____

T-Shirt Size: _____

Parents/guardian email: _____

Parents/guardian Cell number: _____

Players cell phone number: _____

Date: _____





Parent Code of Conduct

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this code of conduct. I understand that violating these rules may lead to being told to leave from the game/event and could lead up to parental ban from all tournaments and events.

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports event.
2. I will place the emotional and physical well-being of my child ahead of any personal desire to win.
3. I will insist that my child play in a safe and healthy environment.
4. I will provide support for coaches and officials working with my child to provide a positive enjoyable experience for all.
5. I will demand a drug, and alcohol free sports environment for my child and agree to assist by refraining from their use at all youth sports events.
6. I will remember that the games is for children and not for adults.
7. I will do my best to make youth sports fun for my child.
8. I will insists that my child treat other players, coaches, fans and officials with respect regardless of race, sex, creed, or ability.
9. I will assist in providing a positive team experience by volunteering to help with tasks as needed and as I can do.
10. I will not coach from the sideline but will let my child's coaches do the coaching.

Parent/Guardian Signature _____ Date _____

Parent/ Guardian Signature _____ Date _____





Player Code of Conduct

- 1) I will learn and observe the law of soccer and league play
- 2) I will treat all other players as I wish to be treated. I will not ridicule other players, coaches, officials, or spectators.
- 3) I will play clean and fair. I will not jeopardize other player's safety.
- 4) I will use my skill and talent, I will not cheat in order to win.
- 5) I will listen to my coach(es) and will accept their advice with respect.
- 6) I will respect all referees and line people and not question their decisions.
- 7) I will win with grace and lose with dignity.
- 8) I understand that my negative actions on and off the field can potentially jeopardize my spot on the team.

Player Name (printed) _____

Player Signature _____

Date _____





US Club Soccer Form R002

Player Information, Medical Treatment Authorization, Liability Waiver/Release and Consent Form

To be retained by the US Club Soccer member organization for at least five (5) years or until the player's 18th birthday, whichever occurs last.

Member Organization / Club Name: _____

State: _____

Player information:

Full name: _____ Birth Date: _____ Gender: Female Male

Street address: _____ City: _____

State: _____ ZIP Code: _____ Email address (for adult player only): _____

Allergies: _____

Other medical conditions: _____

Physician: _____ Phone #1: () _____ Phone #2: () _____

Medical/Hospital Insurance Company: _____ Phone #: () _____

Policy Holder's Name: _____ Policy Number: _____

To be completed for non-adult players:

Parent/Guardian #1 Name: _____ Phone #1: () _____ Phone #1 Type: _____

Email Address: _____ Phone #2: () _____ Phone #2 Type: _____

Parent/Guardian #2 Name: _____ Phone #1: () _____ Phone #1 Type: _____

Email Address: _____ Phone #2: () _____ Phone #2 Type: _____

In an emergency, for an adult player or when a parent/guardian cannot be reached, please contact the following:

Name: _____ Phone #1: () _____ Phone #2: () _____

Name: _____ Phone #1: () _____ Phone #2: () _____

In signing below, I hereby consent to the above-named member organization/club registering me or my child or guardian, as applicable, with US Club Soccer. I understand that a player may be registered to only one US Club Soccer member organization/club at any time.

Medical Treatment Authorization and Liability Waiver/Release: I hereby give my consent, on my own behalf or on behalf of my child or guardian, as applicable, to have an athletic trainer, coach, team manager, emergency medical technician, physician, nurse, dentist, or other healthcare professional and, in each case, their associated personnel provide the player identified above with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based, at least in part, on information provided herein. I hereby authorize emergency transportation of the player, at player or parent/guardian's expense, to a healthcare facility should an individual listed above consider it to be warranted. I acknowledge and understand that certain risks of injury (including, but not limited to, concussions, other serious bodily injury or death) are inherent in playing soccer. These types of injuries may result from the player's actions, the actions or inactions of others, or a combination of both. In signing below, I certify that the player received all necessary medical clearances to participate fully in all US Club Soccer programs without restriction or condition.

To the maximum extent permitted by law, I hereby agree to release, waive, hold harmless and indemnify the member organization, the National Association of Competitive Soccer Clubs (dba US Club Soccer), its agents, contractors and sponsors, U.S. Soccer and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the player named above as a result of the player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Privacy Policy & Terms of Use: I acknowledge and agree that I have read, understand and agree to US Club Soccer's Privacy Policy & Terms of Use (collectively, the "Policy"), available at usclubsoccer.org. The Policy describes US Club Soccer practices for collecting, maintaining, protecting and disclosing player information. In signing below, you agree on your own behalf or on behalf of your child or guardian, as applicable, to the provisions of the Policy and any successor Policy then-in-effect.

AGREED AND ACCEPTED: I hereby agree and accept all terms and conditions set forth in this Player Information, Medical Treatment Authorization, Liability Waiver/Release, and Consent Form.

Signature of player (if an adult) or parent/guardian (if player is a minor)

Relation to player (if applicable)

Printed name of signee

Date

IMPORTANT NOTICE: ALL PLAYERS, PARENTS AND GUARDIANS ARE BOUND BY AND MUST COMPLY WITH ALL US CLUB SOCCER POLICIES AND RULES WHICH CAN BE FOUND ON THE US CLUB SOCCER WEBSITE [usclubsoccer.org].