

LULING BOOSTER CLUB

PO Box 1351 Luling, LA 70070

Registration Form

SPORT _____ YEAR: _____

AGE GROUP: 5-6 ___ 7-8 ___ 9-10 ___ 11-12 ___ 13-14 ___

Name as it appears on the birth certificate

FIRST NAME _____ LAST NAME _____ SEX _____ BIRTH DATE _____ AGE _____

UNIFORM SHIRT SIZE _____ PANTS SIZE _____

Shirt Sizes - Youth Small (6/8), Youth Medium (10/12), Youth Large (14/16), Adult Small, Adult Medium, Adult Large, Adult X-Large

Pant Sizes - YS (22-24), YM (26-28), YL (30-32), AS (26-28), AM (30-32), AL (34-36)

Any siblings playing? Yes or No _____ Name if yes: _____

Street Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

E-Mail Address:

As parent/guardian of the above named child, I do hereby understand that my child WILL NOT be moved to a different team after teams have been drafted and that there will be **NO REFUNDS GIVEN. UNDER NO CIRCUMSTANCES WILL WAIVERS BE ADMINISTERED.**

SIGNATURE: _____ DATE: _____

REGISTRATION FEE: FOOTBALL \$55.00 VOLLEYBALL \$45.00
CHEARLEADER \$10.00 PLUS UNIFORM

Uniforms will not be given until all fees are paid.

CUT-OFF DATES: Baseball - April 30th Softball - January 1st
Basketball - September 1st
Football - August 1st - Weight Limits (7/8, 120 lbs), (9/10, 140 lbs), (11-12, 160 lbs)

SEND FORMS TO THE LULING BOOSTER CLUB, PO BOX 1351, LULING LA 70070.

*** BIRTH CERTIFICATE - - - - ON FILE WITH REC: WILL MAIL: ATTACHED:

Everyone is responsible for working concessions on assigned dates by teams.

Name: _____ Phone Number: _____ E-Mail Address: _____

THERE WILL BE A \$25.00 LATE REGISTRATION FEE AFTER AUGUST 6, 2009

DO YOU WANT TO COACH? Head Coach ___ Assistant Coach ___ NO ___ Experience ___ Yrs.

AMOUNT PAID: _____ CASH: _____
CHECK #: _____ MONEY ORDER # _____
VERIFIED BY: _____