

# Lytle Tykes Spring Program

Parent Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

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

Childs Name \_\_\_\_\_

Played In Fall 2011 \_\_\_\_\_

DOB \_\_\_\_\_

Please make sure to bring Cleats, Shin Guards, Ball and water (Please no Sugar Drinks)  
Mondays Cox Sport Park Soccer 1 (Turf Field) From 4:00 to 5:30  
Bring at least 1 can of Tomato Sauce per Child each time you come for the Motel Kids of Orange County.

Comments & Needs

I certify that my child is in excellent health and may participate in strenuous physical activities, including soccer. I agree to defend and hold AYSO 1455, its servants, agents and/or employees and contractors harmless from any and all claims for injuries sustained by my child during his or her participation in the "**Lytle Tykes**" Spring Program. Permission is granted for my child to receive emergency medical treatment, if needed, and I certify that there are no limits to my child's participation, except as stated in writing and included with this form.

Parent Signature \_\_\_\_\_