



LASA Player Profile Form

Player Information:

Player First Name: _____

Player Last Name: _____

Male: ____ Female: ____ **D.O.B:** _____ Age: ____ Grade: ____

Program joining: Diamonds League Hollywood ____ Diamonds League Cheviot ____
Cheviot Academy ____ LASA Club Team ____

Shirt size: _____ Short size: _____

Health Concerns: _____

Emergency Contact: _____ Phone: _____

Parent Information:

Parent Full Name _____

Address: _____

City: _____ Zip Code: _____

Phone: (H) _____ Phone: (W) _____

Cell Phone: _____ **E-Mail:** _____

If joining Hollywood Diamonds League, name of club and team? _____

Where did you hear about us? _____

Medical Release Wavier: As parent/guardian of the above player(s) I understand that there is an inherent risk in all sports. Therefore, I will not hold the Los Angeles Soccer Association staff/sponsors responsible for injuries that may occur within the realm of soccer activities during tryouts, training or games.

Parent Signature: _____ Date: _____

Internal Use Only:

Date enrolled: _____

Payment: Cash Check Need to be invoiced