



Lee's Summit Soccer Association

705 B, SE Melody Lane; PMB 303, Lee's Summit, MO 64063-4390, 816-554-2255 (www.lssa.org)

Competitive Card Request form

Team Division/Name _____

I am carding this team:

___ Competitive

___ Recreational

Please list the date you need to pick up your cards: _____

Please provide the following in your packet:

1. Medical Waiver Form

a. This form can be found at www.mysa.org / resources / forms.

b. Please add the player's email address at the top of the form.

2. Copy of State Issued Birth Certificate

3. A picture CD of face shots of each of the players.

4. Payment:

a. Competitive Players: \$19.00 x _____ = \$ _____

b. Recreational Players: \$8.00 x _____ = \$ _____

c. Secondary Players: \$19.00 x _____ = \$ _____

d. Coach: \$11.00 x _____ = \$ _____

e. Team Manager \$11.00x _____ = \$ _____

f. TOTAL DUE: \$ _____

Competitive Player cards for non-LSSA teams are \$24.00 each

***Checks should be made out to LSSA with your team name in the memo.*

- We strongly encourage you to keep copies of all your paperwork for your files. You could be asked in the future to provide this information again by your tournament director. We will file the paperwork you provided in our files as well.
- Please submit your packet in alphabetical order to the white mailbox at Legacy Park. Contact us at registrations@lssa.org to let us know your information is on the way and when it will be in the white mailbox at Legacy Park.
- Please submit your request 10 working days prior to your requested pick up date.

Request submitted by: _____

email address: _____