



Niagara Pioneer Soccer League

P.O. Box 203
Youngstown, NY 14174
REGISTRATION FORM
www.niagarapioneer.com

League Use Only

DATE: _____

- Check # _____
- Cash

\$35.00 per person in February
\$45.00 per person in March
\$55.00 per person in April
\$65.00 per person after April 15th

PLAYER INFORMATION

Has player played organized soccer before? Yes ___ No ___ For NPSL? Yes ___ No ___
Number of years played? _____

_____/_____/_____
Last Name First Name Birth Date: mm/dd/yyyy

Street Address

_____/_____/_____
City/Town/Village Zip Code Contact # - number NPSL will use to contact you

Email Address @ Gender M F

Special Requests* due by April 1st

*Not all requests can be honored

PARENT INFORMATION

Last name First name Phone # Occupation

Last name First name Phone # Occupation

Mom's Maiden Name

PARENT COMMITMENT - YOUR CHILDREN NEED YOUR HELP. ALL PERSONNEL WHO RUN NPSL ARE VOLUNTEERS. THE FOLLOWING AREAS ALWAYS IN NEED OF ASSISTANCE.

- Coach _____age group
- Assistant Coach _____age group
- House League Committee

LIABILITY RELEASE: As a parent or guardian of _____, I acknowledge that soccer is a sport which may involve physical contact and such participation in the NPSL presents a risk of injury to the above named child. Therefore, in consideration of the NPSL permitting the above named child to participate in the games, practices, or other activities of the NPSL and in further consideration of the NPSL providing limited medical/hospital insurance coverage, I undersigned, as parent or guardian of said minor, do hereby release and agree to hold harmless the NPSL, its agents, employees, coaches, officials and Board of Directors, the State of New York, the Office of Parks & Recreation, and their officers and employees, from any liability for personal injury or property damage which may occur to said minor as a result of his or her participation in the NPSL except to the extent of the aforementioned coverage.

SIGNATURE OF PARENT OR GUARDIAN _____



NPSL reserves the right to expel any player or fan for misconduct

PLEASE MAKE CHECKS PAYABLE TO **NPSL**
SEND CHECK AND COMPLETED FORM TO ADDRESS ABOVE.