



**NIAGARA PIONEER  
Soccer League**

# **NIAGARA PIONEER HOUSE LEAGUE REGISTRATION**

BOYS 4-14 GIRLS 4-17  
SEASON MAY 10<sup>TH</sup> -JULY 15<sup>TH</sup> -- MONDAYS AND THURSDAYS 6:00PM TO 8:00PM  
FORT NIAGARA  
*BUMBLE BEES START MAY 17<sup>TH</sup> AT 700PM*

## **EARLY MAIL-IN REGISTRATION**

RECEIVED BEFORE JAN 31<sup>ST</sup>- **\$35**

MAIL-IN REGISTRATION:

RECEIVED AFTER 1/31 AND ON OR BEFORE 2/28 - **\$40**

RECEIVED AFTER 2/28 AND ON OR BEFORE 3/31 - **\$45**

REGISTRATION RECEIVED BY MAIL AFTER 3/31 - **\$50**

**WALK-UP REGISTRATION AT RED BRICK SCHOOL,  
YOUNGSTOWN, NY**

**SATURDAY JAN 23<sup>RD</sup> 10AM - NOON- \$35**

**SATURDAY FEB 27<sup>TH</sup> 10AM – NOON- \$40**

**SATURDAY MAR 20<sup>TH</sup> 10AM – NOON - \$45**

In an effort to have all players registered to a team to start the season,  
PLEASE register early to help the forming of equally balanced teams.

Forms available at [www.npsl.us](http://www.npsl.us)

# Niagara Pioneer Soccer League, INC.

P.O Box 203  
YOUNGSTOWN, NY 14174  
REGISTRATION FORM  
www.npsl.us

## LEAGUE USE ONLY

DATE \_\_\_\_\_

check # \_\_\_\_\_

cash

\$35.00 per person by January 31

\$40.00 per person by February 28

\$45.00 per person by March 31

\$50.00 per person after March 31

**Family Discount: \$90.00 maximum per family if registered before January 31.**

## PLAYER INFORMATION:

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town/Village Zip

\_\_\_\_\_  
Telephone Number

  M          F        /      /  
Sex Birth Date

\_\_\_\_\_  
School Grade

\_\_\_\_\_  
EMAIL ADDRESS PRINTED @

Special requests due before March 1<sup>st</sup> :

(not all requests can be honored)

## PARENT INFORMATION:

\_\_\_\_\_  
Last Name First Name Phone Occupation

\_\_\_\_\_  
Last Name First Name Phone Occupation

Has player above played organized soccer before? \_\_\_\_\_yes \_\_\_\_\_no

Number of years played? \_\_\_\_\_ In this league? \_\_\_\_\_

## PARENT COMMITMENT

YOUR CHILDREN NEED YOUR HELP. ALL PERSONNEL WHO RUN NPSL ARE VOLUNTEERS. THE FOLLOWING AREAS NEED ASSISTANCE.

Coach \_\_\_\_\_ age group

Asst. Coach \_\_\_\_\_ age group

July 15th Picnic Help

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 Program 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 and Recreation, and their officers and employees, from any liability for personal injury or property damages which may occur to said minor as a result of his or her participation in the NPSL, except to the extent of the afore mentioned coverage.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_



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