



**NIAGARA PIONEER
Soccer League**

NIAGARA PIONEER HOUSE LEAGUE REGISTRATION

BOYS 3-14 GIRLS 3-17
SEASON MAY 9TH TO JULY 28TH MONDAYS AND THURSDAYS 6:30PM TO 8:00PM
FORT NIAGARA
BUMBLE BEES START MAY 16TH AT 700PM – 730PM

EARLY MAIL-IN REGISTRATION

RECEIVED BEFORE FEB 1ST- \$35

MAIL-IN REGISTRATION:

RECEIVED AFTER 2/1 AND ON OR BEFORE 3/1 - \$40

RECEIVED AFTER 3/1 AND ON OR BEFORE 4/1 - \$45

REGISTRATION RECEIVED BY MAIL AFTER 4/1 - \$50

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

SATURDAY JAN 22ND 10AM - NOON- \$35

SATURDAY FEB 26TH 10AM – NOON- \$40

SATURDAY MAR 19TH 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.

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 Feb. 1

\$40.00 per person by March 1

\$45.00 per person by April 1

\$50.00 per person after April 1

Family Discount: \$90.00 maximum per family if registered before Feb. 1.

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 April 1st :

(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 28th 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

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