



**NIAGARA PIONEER  
Soccer League**

# **NIAGARA PIONEER HOUSE LEAGUE REGISTRATION**

**BOYS 3-14 GIRLS 3-17**  
SEASON MAY 14<sup>TH</sup> TO JULY 30<sup>TH</sup> MONDAYS AND THURSDAYS 6:30PM TO 8:00PM  
FORT NIAGARA  
*BUMBLE BEES START MAY 21<sup>ST</sup> AT 700PM – 730PM*

## **EARLY MAIL-IN REGISTRATION**

**RECEIVED BEFORE FEB 1<sup>ST</sup>- \$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 28<sup>TH</sup> 10AM - NOON- \$35**

**SATURDAY FEB 25<sup>TH</sup> 10AM – NOON- \$40**

**SATURDAY MAR 24<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.

# 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 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 28<sup>th</sup> 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