



# TRAVEL REGISTRATION 2012

NIAGARA PIONEER SOCCER LEAGUE  
PO BOX 203  
YOUNGSTOWN, NY 14174  
[www.npsl.us](http://www.npsl.us)

ATTACH CURRENT  
PHOTO WITH  
APPLICATION

Size: No greater than  
1 1/4 in. by 1 1/4 in.

### Niagara Pioneer Travel program fees are:

- \$135 registration fee per player
- \$40 refundable volunteer program fee per family  
(Fee will be refunded if 4 hours minimum of volunteer time is given)

Attach a current photo to the upper right corner. A copy of a birth certificate is required for new players. If a player does not make the team, a full refund will be processed. League fines associated with yellow/ red cards are the responsibility of the player not NPSL

### PLAYER INFORMATION:

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

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

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

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

\_\_\_\_\_  
Zip

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
M F  
Sex

\_\_\_\_\_  
Birth Date

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

\_\_\_\_\_  
Shirt Size Shorts Size

\_\_\_\_\_  
Travel Experience: (years)

**PARENT INFORMATION:** Email Address Printed: \_\_\_\_\_ @ \_\_\_\_\_

Father's name: \_\_\_\_\_ home phone: \_\_\_\_\_ alternate phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's name: \_\_\_\_\_ home phone: \_\_\_\_\_ alternate phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

List any medical problems/prohibitions player has: \_\_\_\_\_

Person to notify in case of emergency (other than above) \_\_\_\_\_ phone: \_\_\_\_\_

Player's physician: \_\_\_\_\_ phone: \_\_\_\_\_

I, the parent/guardian of the below named player, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors (USYSA parties include but are not limited to NPSL, Buffalo Western NY Junior Soccer League, and NYS West Youth Soccer Association), in consideration of the player's participation in the soccer program and activities of the USYSA parties. I, for myself and the player and our respective heirs, administrators and successors intend to be legally bound, hereby release and indemnify the USYSA parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the program including without limitation, player's transportation to/from any program, which transportation is hereby authorized. I further authorize the USYSA parties the right to use the player's name, picture and/or likeness in printed, broadcast and/or other material concerning the Programs provided such use is related to the players status as a participant in the programs.

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Player: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consent for Medical Treatment: as the parent/guardian of the above named player, I request that in my absence he/she be admitted to any hospital or medical facility for diagnosis and treatment. I request and hereby authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians, or nurses to perform any diagnostic procedure, operative procedures, and any x-ray treatments of the above named minor. I have not been given any guarantees to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named player. Any known allergies or medical conditions: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NPSL Use Only: Cash/Check \$ \_\_\_\_\_ Date Received \_\_\_\_\_ Photo Received \_\_\_\_\_  
Check # \_\_\_\_\_ Birth Certificate YES / NO Team \_\_\_\_\_ \$40 Waived \_\_\_\_\_