



TRAVEL REGISTRATION 2010

NIAGARA PIONEER SOCCER LEAGUE
PO BOX 203
YOUNGSTOWN, NY 14174

<http://www.npsl.us/>

ATTACH
CURRENT
PHOTO
WITH
APPLICATION

Please include a check in the amount of \$135 per travel league player. 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 re-fund will be processed. League fines associated with yellow/ red cards are the responsibility of the player not NPSL.

PLAYER INFORMATION:

_____		_____	
Last Name	First Name	Shirt Size _____	Shorts Size _____
_____		Travel Experience: _____ (years)	
Street Address	_____	_____	_____
City/Town/Village	Zip	School	Grade
Telephone Number _____	M _____	F _____	/ / _____
	Sex	Birth Date	
_____ @ _____			
EMAIL ADDRESS PRINTED			

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 _____