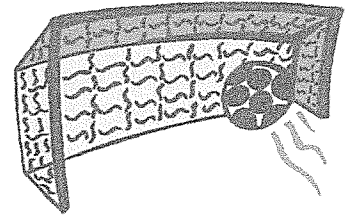


2018 SOCCER REGISTRATION FORM
LITCHFIELD RECREATION
2400 HALLOWELL RD., LITCHFIELD MAINE 04350



Player's name: _____ Grade: _____
 Players age @ registration date: _____ Date of birth: _____ Male _____ Female _____
 Mothers name _____ Cell# _____
 Fathers name: _____ Cell # _____
 Street Address (please NO P.O. boxes): _____
 City: _____ State: _____ Zip: _____
 Email address: _____

Cost is \$35 per player

Registrations are due back by August 1st, there will be a late fee after the 1st.

Players shirt size: youth sizes: small med large adult sizes: small med. large

Please list any known allergies your child has: _____

Please list any physical impairments your child has: _____

Parent is willing to coach _____ **assist** _____ **umpire** _____

which parent: _____ **shirt size:** _____

Please read and check which option you agree with below:

_____ I agree to have my child participate in this season's fundraiser and earn an additional \$35.00 for the league.

_____ I agree to pay an additional \$35 (per family) to the original registration fee with the understanding that my child (or children) will not be required to participate in this season's fundraising efforts.

Parents signature: _____

All registration fee's are due at the time of registration and are non-refundable, the only exception to this rule will be if the parent provides a doctor's note stating that the child cannot participate in the sport due to illness or injury.

*****Please note that your child will not be allowed to practice or play this sport if you owe any outstanding fee's from previous season's.**