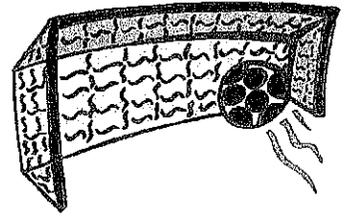


2016 SOCCER REGISTRATION FORM  
LITCHFIELD RECREATION  
2400 HALLOWELL RD., LITCHFIELD MAINE 04350



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 \$30 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  
 Do you have health insurance?  yes  no Carrier?: \_\_\_\_\_

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.**