

Newfane Recreational Soccer 2018 Registration Form

Fees: \$35 per child in Parent and Me Level (Jersey Only); \$45 per child in Pre-K and Kindergarten (Mini Level)
 \$65 per child currently in 1st Grade to 9th Grade
 Deduct \$10 for each sibling
 Maximum \$120 per Family

Make checks payable to 'Newfane Soccer Club'

Mail to: PO Box 241, Newfane, NY 14108

Parent or Guardian Information

Parent Last Name: _____ Parent First Name: _____
 Street: _____ Town: _____ Zip: _____
 Phone: _____ Email: _____

Player One

Last Name: _____ First: _____ DOB: __/__/____
 Sex: Male ___ Female ___ (Current) 2017/18 Grade: _____ School: _____
 Jersey Size: YXS ___ YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___ AXXL ___
 Shorts Size: YXXS ___ YXS ___ YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___
 Socks Size (Shoe Size): Youth(12.5 - 4) ___ Regular(4.5 - 8) ___ King(8.5 - 13) ___
 Experience - How many seasons playing organized soccer? _____
 Any Medical Conditions the club should be aware of? Yes ___ No ___
 If Yes, explain: _____

Parent & Me? ___ Yes
 Mini Level? ___ Yes

Player Two

Last Name: _____ First: _____ DOB: __/__/____
 Sex: Male ___ Female ___ (Current) 2017/18 Grade: _____ School: _____
 Jersey Size: YXS ___ YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___ AXXL ___
 Shorts Size: YXXS ___ YXS ___ YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___
 Socks Size (Shoe Size): Youth(12.5 - 4) ___ Regular(4.5 - 8) ___ King(8.5 - 13) ___
 Experience - How many seasons playing organized soccer? _____
 Any Medical Conditions the club should be aware of? Yes ___ No ___
 If Yes, explain: _____

Parent & Me? ___ Yes
 Mini Level? ___ Yes

Player Three

Last Name: _____ First: _____ DOB: __/__/____
 Sex: Male ___ Female ___ (Current) 2017/18 Grade: _____ School: _____
 Jersey Size: YXS ___ YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___ AXXL ___
 Shorts Size: YXXS ___ YXS ___ YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___
 Socks Size (Shoe Size): Youth(12.5 - 4) ___ Regular(4.5 - 8) ___ King(8.5 - 13) ___
 Experience - How many seasons playing organized soccer? _____
 Any Medical Conditions the club should be aware of? Yes ___ No ___
 If Yes, explain: _____

Parent & Me? ___ Yes
 Mini Level? ___ Yes

Release of Liability

In consideration for the above named child, a minor, (or as a legal adult), to participate in the games, practices, and other activities of the Newfane Soccer Club, I, the undersigned, a parent or legal guardian of said minor, (or affirming that I am of legal age), do hereby release, and agree to hold harmless the Newfane Soccer Club, its officers, agents, employees, coaches, referees and board of directors.

Signature (Parent or Guardian) _____ Date _____

PLEASE VOLUNTEER - NSC depends on all volunteers to meet the needs of our community
 I am available to: Coach _____ Assist Coach _____ Field Maintenance _____ Board Member _____

SPECIAL REQUESTS - NSC tries to accommodate all team, player, and coach requests.
