

Newfane Recreational Soccer 2017 Registration Form

Fees: \$45 per child in Parent and Me Level; \$45 per child in Pre-K and Kindergarten (Mini Level)
\$65 per child 1st Grade to 9th Grade

Deduct \$10 for each sibling; Deduct \$20 for Each Child Also Playing on a Newfane Travel Soccer Team
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) 2016/17 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? _____ **Parent & Me?** _____ Yes
Any Medical Conditions the club should be aware of? Yes ___ No ___ **Mini Level?** _____ Yes
 If Yes, explain: _____ **Is Child on a Newfane Travel Team?** ___ Yes

Player Two

Last Name: _____ **First:** _____ **DOB:** __/__/____
Sex: Male ___ Female ___ **(Current) 2016/17 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? _____ **Parent & Me?** _____ Yes
Any Medical Conditions the club should be aware of? Yes ___ No ___ **Mini Level?** _____ Yes
 If Yes, explain: _____ **Is Child on a Newfane Travel Team?** ___ Yes

Player Three

Last Name: _____ **First:** _____ **DOB:** __/__/____
Sex: Male ___ Female ___ **(Current) 2016/17 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? _____ **Parent & Me?** _____ Yes
Any Medical Conditions the club should be aware of? Yes ___ No ___ **Mini Level?** _____ Yes
 If Yes, explain: _____ **Is Child on a Newfane Travel Team?** ___ 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.