

LEHIGH VALLEY SUMMER SOCCER LEAGUE
Bethlehem, PA

TEAM REGISTRATION AND ROSTER FORM
2009

Complete both forms and mail with entry fee to:

A. Edward Csongradi, 1166 W. Rosemont Drive, Bethlehem, PA 18018

Make checks payable to "Lehigh Valley Summer Soccer League". **Deadline for entry is May 8, 2009.** Registrations are honored in order of date received. The number of teams to participate may be limited, so send your registration fees and completed Roster Form promptly.

NOTE: Minimum of sixteen (16) names must be on the form, including signature, to be accepted for entry.

TEAM NAME - Please Print

(____) _____ day

(____) _____ night

Name of Coach/Captain - Please Print

Phone Numbers

E-mail: _____ (____) _____ cell

Phone Number

Street Address

City

State

Zip

The person listed above for Senior and O-35 Division teams and the one listed below for Junior Division teams shall be notified in case of schedule change, or in any other specified case, and will be responsible to notify the other team members.

For Junior Division Teams Only:

The adult listed below will represent the Junior Division team:

(____) _____ day

(____) _____ night

Name of Adult Representative - Jr. Div. Team Only - Please Print

Phone Numbers

E-mail: _____ (____) _____ cell

Phone Number

Street Address

City

State

Zip

TEAM ROSTER - L. V. SUMMER SOCCER LEAGUE

Team Name: _____

INJURY AND LIABILITY RELEASE CLAUSE:

We, the undersigned, do hereby assume all risks and hazards incidental to participation in the Lehigh Valley Summer Soccer League, including transportation to and from activities; and do hereby waive, release, absolve and indemnify and agree to hold harmless the Lehigh Valley Summer Soccer League, Lehigh University, Northampton Community College, the City of Bethlehem and the Department of Parks and Recreation, their agents and employees from suits of law, of whatsoever kind of nature.

Each player acknowledges and accepts personal responsibility for his/her accident and medical insurance coverage.

We have read, understand and agree to abide by the League Rules and Regulations.

CHECK DIVISION & TIME:

	MEN'S SENIOR DIV.
	MEN'S OVER-35 DIV.
	MEN'S JUNIOR DIV.
	WOMEN'S SR DIV-OPEN
	WOMEN'S SR DIV-REC
	WOMEN'S JUNIOR DIV.

Preferred Starting Time:

	6:00 P.M.
	7:15 P.M.

NO	NAME OF PLAYER (Please print)	PLAYER SIGNATURE	AGE	PLAYER FEE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				

For LVSSL Use Only:

Form Received:

Date: _____ Time: _____

FEES RECEIVED:

Team Reg: _____ @\$400 _____

Player Reg: _____ @\$10 _____

Changes: _____ @\$10 _____

Forfeit to LVSSL \$25: _____

Date(s): _____

Other: _____ @\$ _____ \$ _____

Total to LVSSL: \$ _____

LESS:

Forfeit paid by LVSSL

to opponent:

Date: _____ \$ _____

NET: \$ _____

A player whose signature does not appear on this roster is not eligible to play for this team. Should such a player participate in a game, that match may be forfeited and the team be fined \$50.00.

Date

Coach/Manager Signature