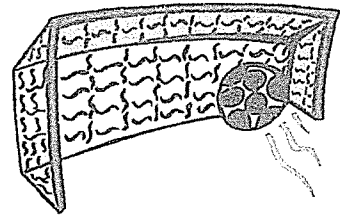


2020 SOCCER REGISTRATION FORM
LITCHFIELD RECREATION
2400 HALLOWELL RD., LITCHFIELD MAINE 04350



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 \$40 per player

Registrations are due back by Sept. 3rd there will be a late fee after the 3rd

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: _____

*****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.**