

Lighthouse Soccer League 2022 Registration Form

Fees: \$30 per child (Squirts: 2-3 yrs old)* \$40 per child (PreK thru Adults)

Make checks payable to 'LSL' Mail to: 2124 Countyline Rd, Barker NY 14012 by April 22 (20% late fee after 4/22)

(*Squirts requires participation of one parent or adult per child)



\$5 off every child till 3/25

Parent or Guardian Information

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

Player One

Last Name: _____ First Name: _____ DOB: ____/____/____
Sex: M ___ F ___ (Current) 2021/2022 School Grade: _____ School: _____
T-Shirt Size: YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___ 2XL ___
Experience Level (How many seasons playing organized soccer on any team/club): _____
Medical Conditions (the club should be aware of): Yes ___ No ___
IF Yes, Explain _____ Parent & Me (Squirts)? Yes ___ No ___

Player Two

Last Name: _____ First Name: _____ DOB: ____/____/____
Sex: M ___ F ___ (Current) 2021/2022 School Grade: _____ School: _____
T-Shirt Size: YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___ 2XL ___
Experience Level (How many seasons playing organized soccer on any team/club): _____
Medical Conditions (the club should be aware of): Yes ___ No ___ IF Yes, Explain _____

Player Three

Last Name: _____ First Name: _____ DOB: ____/____/____
Sex: M ___ F ___ (Current) 2021/2022 School Grade: _____ School: _____
T-Shirt Size: YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___ 2XL ___
Experience Level (How many seasons playing organized soccer on any team/club): _____
Medical Conditions (the club should be aware of): Yes ___ No ___ IF Yes, Explain _____

Liability Release

In consideration for the above-named child, a minor, to participate in the games and practices of the Lighthouse Soccer League, I, the undersigned, a parent or legal guardian of said minor, do hereby release, and agree to hold harmless the Lighthouse Soccer League, its officers, agents, employees, coaches, referees, and all other volunteers.

Signature (Parent or Guardian): _____ Date: _____

Volunteer Opportunities

PLEASE VOLUNTEER – LSL depends on all volunteers to keep this league running each summer.
I am available to: COACH/ASS'T COACH _____ MONITOR HEALTH/SAFETY GUIDELINES _____
T-SHIRT SIZE _____ THANK YOU!

Special Requests (LSL tries to honor all team, player, and coaching requests – no requests guaranteed after 4/22)