

**LOCKPORT SOCCER CLUB
TRAVEL SOCCER REGISTRATION FORM**

Name _____ Age _____ Phone _____

Address _____ City _____

Zip _____ Date of Birth ___/___/___ Grade _____ School _____

WAIVER

I, the undersigned parent/guardian of _____, do hereby grant permission for him/her to participate in any and all of the activities of the Lockport Soccer Club. I agree to be legally and financially responsible, and agree to hold harmless the Lockport Soccer Club and its officers, agents and employees from any and all claims or actions arising against or in favor of my child or myself as a result of any act committed by, or event, occurrence, or accident, happening to my child. I hereby give permission for the photographs and videos of my child to be shown in promotional, informational, and website materials for the promotion of the Lockport Soccer Club.

Signature of Parent or Guardian

Date

A2

**Winter A Session
SAHLENS SPORTSPARK \$85**

**Any player unpaid after the due date can not play
until registration is received**

Coaches please fill out this section and give to each player on your teams.

Team Name: Lockport Lightning
Coach:
Age Division:

Make your check payable to Lockport Soccer Club.

TREASURER USE ONLY:
Amount paid \$ _____
Cash _____ Check _____
Receipt # _____
DOB verified _____
Insurance: _____
: _____

Mail Registrations **must**

Be mailed to:

Lockport Soccer Club
P.O. Box 892
Lockport, NY 14095

**PAYMENTS MUST
BE POSTMARKED
NO LATER THAN**

**FRIDAY,
DEC 30TH , 2011**