

L V O T S L

Lehigh Valley Old-Timers Soccer League

PLAYER REGISTRATION FORM

Please Print

Team Name: _____

Player Name: _____

Last

First

Middle Initial

Address: _____

_____ Zip _____

Age: _____ Date of Birth: _____

month/day/year

Telephones: Home (____) _____ Work (____) _____

Transfer Player* no G yes G Previous LVOTSL Team _____

*Player must sit out one game if transfer occurs during playing season and player is active.

WAIVER

In consideration for being able to participate in the Lehigh Valley Old-Timers Soccer League (LVOTSL), I, (Please Print) _____, release the League, its directors and officers from any claims for personal injury and/or financial loss arising from participation in League activities. Furthermore, I acknowledge and accept responsibility for obtaining any accident, liability and/or medical insurance coverage that I deem necessary or appropriate.

Player's Signature: _____ Date : _____

Team Cosigner: (coach and/or manager) _____ Date : _____

The above signatures affirm that the information provided on this form is correct and verifiable. The LVOTSL shall hold the signing parties responsible for any factual discrepancies and inaccuracies in this Registration.