

## 2018 Boys Summer League Registration Form

PLAYERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

EMERGENCY NAME & CONTACT NUMBER \_\_\_\_\_

DIVISION:(circle one) U11(9-10)  
U13(11-12)  
U15(13-14)  
High School  
Open Division-Post HS/College

TEAM OR COACH REQUEST: \_\_\_\_\_

EXPERIENCE: (circle one) Rec / Rec travel / Club / High School

POSITION: (circle one) Attack / Midfield / Defense / Goalie

CHECKS MADE TO: Churchville Recreation Council

RETURN REGISTRATION AND CHECK TO:  
Churchville Recreation Center (Attn: lax summer league)  
3023 Level Rd  
Churchville, MD 21028

I agree that I will Not hold the team, program, coach or the Churchville Recreation Council responsible for injuries received while participating in the above mentioned program. I understand that there is an inherent risk involved in participating in any program and I certify by my signature, that my child is physically capable of participating in this program.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

For more info: Churchvillelax@verizon.net