

## Individual Adult Player Data Form

**Purpose:** The purpose of this form is to allow *adult* individuals without teams to have league officials recommend them to teams. Do **not** use it for high school (Jr. Div.) players.

### INJURY AND LIABILITY RELEASE CLAUSE:

I, the undersigned, do hereby assume all risks and hazards incidental to participation in the Lehigh Valley Summer Soccer League, including transportation to and from activities; and do hereby waive, release, absolve and indemnify and agree to hold harmless the Lehigh Valley Summer Soccer League, Lehigh University, the City of Bethlehem and the Department of Parks and Recreation, their agents and employees from suites of law, of whatsoever kind of nature. Each player acknowledges and accepts personal responsibility for his/her accident and medical insurance coverage. I have read, understand and agree to abide by the League Rules and Regulations (read or download from [www.lvssl.org](http://www.lvssl.org)).

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Playing Experience** – Please check the one that best describes your level of play:

Beginner       Recreational       Collegiate       Advanced

**Preferred Playing Time:**       6:00 p.m.       7:15 p.m.       Either

**Preferred Div.:**  Men's Sr. Open     Women's Sr.-Open (more competitive)  
 Women's Sr.-Recreational     Co-Ed (women on men's team)

We will try to consider all special needs when recommending players to teams. For example: travel distance, car-pooling, etc. Please list players you would like to be on the same team with and why:

Registration fee will be assessed through your assigned team.

Signature: \_\_\_\_\_

Adult players: Mail or e-mail completed form to:

Edward Csongradi, 1166 W. Rosemont Dr., Bethlehem, PA 18018  
[aecson@ptd.net](mailto:aecson@ptd.net)