

**LEHIGH VALLEY SUMMER SOCCER LEAGUE**  
Bethlehem, PA

**TEAM REGISTRATION AND ROSTER FORM**  
**2020**

Complete both forms and mail with entry fee to:

Peter Csongradi, 1019 East Walnut Street, Allentown, PA 18109

Make checks payable to "Lehigh Valley Summer Soccer League". **Deadline for entry is May 11, 2020.** Registrations are honored in order of date received. The number of teams to participate may be limited, so send your registration fees and completed Roster Form promptly. Team entries will be accepted on the *first-come first-serve basis*, as well as *receiving all documents, including Parental Release Forms (for age 17 and younger), with signatures and fees promptly.*

**NOTE:** Minimum of sixteen (16) names must be on the form, including signature, to be accepted for entry.

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TEAM NAME - Please Print

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Name of Coach/Captain - Please Print \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ day  
Phone Numbers

E-mail: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ cell  
(Please write legibly) Phone Number

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The person listed above for Senior Division teams and the one listed below for Junior Division teams shall be notified in case of schedule change, or in any other specified case, and will be responsible to notify the other team members.

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**For Junior Division Teams Only:**

The adult listed below will represent the Junior Division team:

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Name of Adult Representative - Jr. Div. Team Only - Please Print \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ day  
Phone Numbers

E-mail: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ cell  
(Please write legibly) Phone Number

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# 2020 TEAM ROSTER - L. V. SUMMER SOCCER LEAGUE

Team Name: \_\_\_\_\_

**INJURY AND LIABILITY RELEASE CLAUSE:**

We, 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 suits of law, of whatsoever kind of nature. Each player acknowledges and accepts personal responsibility for his/her accident and medical insurance coverage. We have read, understand and agree to abide by the League Rules and Regulations.

**CHECK DIVISION & TIME:**

<input type="checkbox"/>	MEN'S SENIOR DIV.
<input type="checkbox"/>	MEN'S JUNIOR DIV.
<input type="checkbox"/>	WOMEN'S SR DIV-OPEN
<input type="checkbox"/>	WOMEN'S SR DIV-REC
<input type="checkbox"/>	WOMEN'S JUNIOR DIV.

Preferred Starting Time:

<input type="checkbox"/>	6:00 P.M.
<input type="checkbox"/>	7:15 P.M.

NO	NAME OF PLAYER (Please print)	PLAYER SIGNATURE	AGE	PLAYER FEE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				

**For LVSSL Use Only:**

Form Received:	
Date: _____	Time: _____
FEES RECEIVED:	
Team Reg: _____	@\$525 _____
Player Reg: _____	@\$10 _____
Changes: _____	@\$15 _____
Forfeit to LVSSL \$50: _____	
Date(s): _____	
Other: @ \$ _____	\$ _____
Total to LVSSL: \$ _____	
LESS:	
Forfeit paid by LVSSL	
to opponent:	
Date: _____	\$ _____
NET: _____	\$ _____

A player whose signature does not appear on this roster is not eligible to play for this team. Should such a player participate in a game, that match may be forfeited and the team be fined \$50.00.

\_\_\_\_\_  
Date Coach/Manager Signature