



LANGHORNE ATHLETIC ASSOCIATION
2007 Fall Soccer Registration Form
www.langhorneaa.org

Player Information

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>SEX</u> M/F	<u>BIRTHDAY</u> (MM/DD/YY)	<u>DIVISION</u>	<u>BOYS/GIRLS</u>
CHILD #1- _____	_____	_____	____/____/____	_____	_____
CHILD #2- _____	_____	_____	____/____/____	_____	_____
CHILD #3- _____	_____	_____	____/____/____	_____	_____
CHILD #4- _____	_____	_____	____/____/____	_____	_____
FATHER'S NAME: _____		MOTHER'S NAME: _____			
ADDRESS: _____		HOUSING DEVELOPMENT: _____			
CITY/STATE/ZIP: _____		TELEPHONE NUMBER: _____			
E-MAIL ADDRESS: _____					

REGISTRATION FEES Regular Registration Discount Fees (by July 8, 2007) 1-child = \$85, 2 children = \$165, Family Max: 3 or more children = \$235
FEES If registration is sent in after July 8th we cannot guarantee a spot in the league.

BOYS		GIRLS	
Division	Birthdates	Division	Birthdates
Under 6 Co-ed	8-1-01 to 12-31-02	Under 6 Co-ed	8-1-01 to 12-31-02
Under 7 Co-ed	8-1-00 to 7-31-01	Under 7 Co-ed	8-1-00 to 7-31-01
Under 8 Boys	8-1-99 to 7-31-00	Under 8 Girls	8-1-99 to 7-31-00
Under 10 Boys	8-1-97 to 7-31-99	Under 10 Girls	8-1-97 to 7-31-99
Under 13 Boys	8-1-94 to 7-31-97	Under 13 Girls	8-1-94 to 7-31-97
Under 18 Boys	8-1-89 to 7-31-94	Under 18 Girls	8-1-89 to 7-31-94

Amount Due: _____ *****PLEASE WRITE ONE CHECK, PAYABLE TO L.A.A. FOR THE TOTAL REGISTRATIONS*****

- Notes:** 1) Girls whose birthdates fall within the under 7 division can opt to play in the under 8 Girls Division.
 2) Travel players are not eligible for registration in the intramural program.

I, the parent or guardian of the above- named child(ren), hereby give my approval for his or her (their) participation in any and all activities of the Langhorne Athletic Association during the current season. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I do hereby release, absolve, indemnify, and hold harmless the Langhorne Athletic Association and the administrators, supervisors, officers, sponsors, and coaches- in case of injury to my child(ren). I hereby waive all claims against the sponsors, coaches, officers, or any of the administrators or supervisors appointed by them. I likewise waive, to the extent not covered by liability or accident insurance any claims against any person(s) transporting my child(ren) to and from the activities.

LAA NO TOLERANCE POLICY: In addition, LAA will not tolerate any behavior by its coaches, parents or players that is inappropriate, including verbal or physical confrontations with players, fans, officials, parents or coaches. Violation of policy will result in suspension of participation privileges. My signature indicates my willingness to pursue the outlined behavior and my agreement to abide by and have my children and guests abide by LAA's no tolerance policy.

SIGNATURE OF PARENT OR GUARDIAN X: _____ **DATE:** _____

MAIL IN REGISTRATION: Mail forms to:

LAA/Brian McCloskey
49 Golf Club Drive
Langhorne, PA 19047
215-757-1581 (home)
215-353-8140 (cell)
saxxman99@yahoo.com

REGISTRATION FORM CHECKLIST:

- ___ Fill out the registration form completely (Phone#, Address, Birthdates).
- ___ Write one check payable to L.A.A. for the total registration fee(s).

Langhorne Athletic Association
www.langhorneaa.org
2007 Soccer Registration Volunteer Choices

LAA is a non-profit, volunteer organization. We need everyone's help to ensure this season will be successful. Please consider volunteering your time in one of the areas below. You will find that a small amount of your time will result in a very rewarding experience with the children of LAA. Please check the activities below that you would be interested in assisting or coordinating for LAA. Thank you.

Participation Activities

<u>MOTHER</u>	<u>FATHER</u>	<u>REQUESTS & NOTES</u>
<input type="checkbox"/> Assistant Soccer Director	<input type="checkbox"/> Assistant Soccer Director	_____
<input type="checkbox"/> Coach	<input type="checkbox"/> Coach	_____
<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Assistant Coach	_____
<input type="checkbox"/> Sponsor	<input type="checkbox"/> Sponsor	_____
<input type="checkbox"/> Division Director	<input type="checkbox"/> Division Director	_____
<input type="checkbox"/> Equipment Committee	<input type="checkbox"/> Equipment Committee	_____
<input type="checkbox"/> Team Pictures Committee	<input type="checkbox"/> Team Pictures Committee	_____
<input type="checkbox"/> Referee Coordinator	<input type="checkbox"/> Referee Coordinator	_____
<input type="checkbox"/> Referees (13 years old)	<input type="checkbox"/> Referees (13 years old)	_____
<input type="checkbox"/> Trophy Committee	<input type="checkbox"/> Trophy Committee	_____
<input type="checkbox"/> Field Setup	<input type="checkbox"/> Field Setup	_____