



**PLAYER INFORMATION SHEET**  
 "Must be turned in with payment prior to registration deadline"  
**Registration DEADLINE is Sept. 22 @ 4:30pm**

Select

Season:

FALL  
 GIRLS

FALL  
 BOYS

Select

3<sup>rd</sup>-5<sup>th</sup> Girls

3<sup>rd</sup>-4<sup>th</sup> Boys

Grade:

6<sup>th</sup>-8<sup>th</sup> Girls

5<sup>th</sup>-6<sup>th</sup> Boys

7<sup>th</sup>-8<sup>th</sup> Boys

SCHEDULE hyperlink



[www.leaguelineup.com/NYB](http://www.leaguelineup.com/NYB)

(10 player maximum per team)

Player Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Email: \_\_\_\_\_

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

Cell: \_\_\_\_\_ School child's attending: \_\_\_\_\_

Select Shirt Size (*circle one*): Youth: YS – YM – YL – YXL (or) Adult: AS – AM – AL - AXL

Playing experience: Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

Coach \_\_\_\_\_ Team \_\_\_\_\_ School \_\_\_\_\_

Practices may be anytime between 6pm-9pm. Select "**AVAILABLE PRACTICE DAYS**" below:

Monday       Tuesday       Wednesday       Thursday       Friday

**Preferences/Comments:** (*ie. Coach, Friend, Practice Night, School*) "We do not guarantee requests although priority will reside with whomever has registered with payment first if roster is full at 10."

**WE NEED COACHES!** \*All Coaches must fill out an official coaching application. **Please ask for yours now!**

Choose your "Volunteer" position:

HEAD COACH

ASSISTANT COACH

Head Coach Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Assistant Coach Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

I Understand a **REFUND** will not be given if my player leaves to play in the M.S., CYO or AAU leagues.

Select how you paid today:  I paid online       I paid in person       I paid via phone/U.S. mail

**Please read and sign waiver:**

I hereby release and hold harmless on behalf of myself, my child, and our representatives, the City and the Township of Northville, their Parks & Recreation Department, and the Northville Public Schools from liability for injuries or damages which I or my child may sustain while participating in this activity even if the injuries or damages are caused by the sole negligence of the City or Township or their Parks & Recreation Department or the Northville Public Schools. I understand that I am responsible for medical coverage for me and my child.

Signature: \_\_\_\_\_ Registered Date: \_\_\_\_\_