



**LENOX YOUTH SOCCER  
IN CONJUNCTION WITH  
BLACK ROCK FC  
(Formally known as GPS Stateline)  
FALL 2018 HOUSE LEAGUE SOCCER**

House League Enrollment - \$45 per child, \$60 if registering after July 28<sup>th</sup>. Registration deadline is August 10<sup>th</sup>.

**Please make checks payable to BLACK ROCK FC.**

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Child's Name: \_\_\_\_\_ Shirt size: (circle one) YS YM YL AS AM AL

Please circle the appropriate age range:

U5 – 2014

U6 – 2013

U7 – 2012

U8 – 2011

U9 – 2010

U10 – 2009

U11- 2008

U12-2007

\*\* Players will be moved up/down based on ability and after initial evaluation from Black Rock Staff to ensure players are challenged appropriately.

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### Parents/Guardians Information

Parents Names: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Town State Zip

Phone #: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Name Phone #

Notes/Medical Conditions: \_\_\_\_\_

E-Mail Addresses: \_\_\_\_\_

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*Sponsorship by local businesses and people is one of the league's top needs. Sponsorship fees help to pay for uniforms and equipment. Sponsors are needed to keep this league going.*

*The league and children greatly appreciate your support! The sponsorship fee is \$175.00 per team. The sponsors' names will appear on the back of the t-shirts that each player receives to wear every Saturday morning on the field, which means that you, as a sponsor, will appear on the back of every shirt handed out this year!*

**Sponsorship Information: Cost \$175.00 (checks made payable to Lenox Community Center). ALL SPONSORSHIP MONEY AND DONATIONS DIRECTLY BENEFIT THE LENOX COMMUNITY CENTER PROGRAMMING.**

**Sponsorship Name to appear on uniform:** \_\_\_\_\_

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**RELEASE:** I understand that there are risks of physical injury inherent in participating in sports and recreational activities. I hereby release the Town of Lenox, its employees, and agents from any and all liability and personal injury, or the loss or damage to personal property, which my child or I may experience in connection with activities sponsored by the Lenox Community Center. I hereby give my consent to any medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)