

# Indoor Soccer Sign Ups

at the Dyer Indoor Soccer Arena  
14914 101st Avenue • Dyer IN 46311  
219-365-7337 • [www.DyerIndoorSoccer.com](http://www.DyerIndoorSoccer.com)

## Individual and Team Sign Ups for 1st Session (Ages 4 and Up):

Wednesday, October 2nd ..... 6-9pm

Wednesday, October 9th ..... 6-9pm

Wednesday, October 16th ..... 6-9pm

Saturday, October 19th ..... 10-2pm

Dyer Indoor  
Soccer  
Arena



**All Ages \$80**

**Includes Practices and a Shirt for Players 4-14**

Questions?

Call Mike, 219-365-7337

*PS Ask about Tennis court times and lessons, too!*

**Dyer Indoor  
Soccer  
Arena**



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Dyer IN 46311

(219) 365-REFS

(7337)

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## Disclaimer of Liability

Dyer Indoor Soccer Arena, Inc. its agents, officers, and directors hereby disclaim any liability including but not limited to the loss related to theft, property damage, personal injury and death, suffered by the undersigned, of their heirs, executors, administrators, and assigns as a result or in any manner connected with his/her participation in any activities on the Dyer Indoor Soccer Arena, Inc., regardless of the cause. By signing this disclaimer, and in consideration for being permitted on and/or participating in any activities on the Dyer Indoor Soccer Arena, Inc. and the undersigned, his/her heirs, executors, administrators, and assigns agrees not to prosecute or in any way aid in the prosecution of any claim, demand, action, cause of action for damages, costs, damage, personal injury or death suffered by the undersigned, regardless of cause, against Dyer Indoor Soccer Arena, Inc., its agents, officers, and directors. Furthermore, by signing this disclaimer, the undersigned attests that he/she is at least 18 years of age and that he/she has read this document and understands its terms and legal ramifications. Persons under 18 must have their parent/legal guardian sign on behalf, and this disclaimer applies to its full extent to both the parent/legal guardian and person on whose behalf the signature is made.

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Evening Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email \_\_\_\_\_

Signature (Parent if under 18) \_\_\_\_\_



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## Team Form

I, the undersigned, agree to be responsible for team fees. At least half of the fee must be paid before each of the first two weeks. Unpaid fees are subject to 50% collection fee.

Signature \_\_\_\_\_

Coach Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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

Division: \_\_\_\_\_

Level: \_\_\_\_\_

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

Team Fee: \_\_\_\_\_

Deposit: \_\_\_\_\_

Balance: \_\_\_\_\_