



FALL

Adult Co-ed Soccer



6pm - 12am Start Times

Friday Nights

Starts: 09-24-2010

Deadline: 09-10-2010

\$650.00 (per team / includes tax) / **8 games**

Pay in full by your 1st game and receive \$50 off!

**Must be at least sixteen (16) yrs old to participate.
Additional days added if needed. Double headers possible.**

Complete rules are located under: Sports-Soccer-Coaches Info

Registration form (front/back) & \$100.00 deposit mandatory from all teams to register by deadline. Current roster (even if same players) is due by 1st game and is frozen after the 2nd game. Waiver current before participant can play. Must have a 0 balance before 3rd game. Must have shirts that match in color and have at least a 6" permanent number on the back.

Be sure to check the Registering / Rostering section of rules.

LEVEL: A B C If sublevels are made: 1 2

TEAM NAME: _____
(Limit 25 letters)

RESPONSIBLE PARTY: _____ **D.O.B.** _____
(Must be 18 or older)

SIGNATURE: _____ **DATE:** _____

QUESTIONS?

Tammy Baldwin tbaldwin@sportscitykc.com
425 NE Mock Ave - Blue Springs, MO 64014
816-229-1314 www.sportscitykc.com



**Please complete
back side**

Must complete all three (3) sections.

SECTION 1: TEAM / RESPONSIBLE PARTY INFORMATION

YEAR: 2010

SPORT: SOCCER

SESSION: FALL

DIV: ADULT CO-ED

I am aware of all requirements necessary to register and play a team at SportsCity. I will ensure that all team members are aware of the Rules of Play. I understand that I am responsible for ensuring the entire league fee is paid whether the team completes the session or not.

TEAM NAME: _____
(Limit 25 letters)

RESPONSIBLE PARTY: _____ D.O.B. _____
(Must be 18 or older)

SIGNATURE: _____ DATE: _____

PHONE: [home] _____ [cell] _____ [work] _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____ (Required / Print VERY clearly)

SECTION 2: CHARGE / DEBIT CARD AUTHORIZATION: Mandatory

I authorize SportsCity to automatically charge any balance due after the teams second (2nd) game. If the charge is denied, I understand the team will be removed from the league and all games will be forfeited. NO refunds will be issued.

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express AMOUNT: \$ _____

NAME ON CARD (print): _____

PHONE NUMBER: [H] _____ [W] _____ [C] _____

CARD #: _____ EXPIRATION DATE: _____

SIGNATURE: _____ DATE: _____
(Required)

SECTION 3: SCHEDULE REQUESTS

Requests are NOT guaranteed. Only requests submitted on this form will be accepted. Once schedule is complete no requests will be taken or changes made. Each team is only allowed TWO (2) requests.

1. _____

2. _____
