

Futsal Team Registration

Date _____

Team Name _____ Coach/Guardian _____

Futsal League/City _____ Private Team _____

Address _____ City _____ ST/Zip _____

Home Phone _____ Cell _____

Email _____

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Total Cost: **325** (\$300 for *League* \$25 for *Referee fee*)

Paid by: Check Credit/Debit Card Cash Amount Paid

Age Group: Circle one 6u, 8u, 10u, 12u, 14u, 18u, Over 18, Over 20, Over 30, Over 40

Release: I have received permission for my team members to attend NW Sports Complex and take part in all activities offered by the camp. The parents/guardian assume responsibility for any medical condition any team member has, and assume responsibility for any medical treatment any team member may require as a result of any injury during activities. I agree to release NW Sports Complex, its employees, and affiliates, from any liabilities, damages or claims of any injury or accident arising out of my team members attending NW Sports Complex.

Signature of Coach/Guardian

League start date is January 2nd

Please bring in Futsal Team Registration form and check to NorthWest Sports Complex

Limited availability so please register before December 24th