

Delaware Valley's Finest Sports Facility



1331 O'Reilly Drive Feasterville, PA 19053  
Phone • 215-355-2582 Fax • 215-953-1833  
www.Sportsplexpanew.com

# U11 INDOOR SOCCER WARM UP TOURNAMENT SOCCER TEAM REGISTRATION FORM

U10 Teams are welcome.

**Tuesday, December 30, 2008 @ 6:30 PM**

Registration is \$175.00 per team.

Three game minimum.

Awards will be given.

**All players on the roster must be EPYSA registered.  
One time \$20.00 ref fee, made payable to the ref on the field.**

<b>TEAM INFORMATION</b>			
Team Name	Team Strength: <input type="checkbox"/> A <input type="checkbox"/> B	Select One: <input type="checkbox"/> Indoor League <input type="checkbox"/> Indoor Tournament	
Age Group: <input type="checkbox"/> U8 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U18 <input type="checkbox"/> Adult	Division: <input type="checkbox"/> Boys <input type="checkbox"/> Girls <input type="checkbox"/> Womens <input type="checkbox"/> Mens <input type="checkbox"/> Co-Ed		
<b>COACH/ MAIN CONTACT'S INFORMATION</b>			
First Name	Last Name	Contact Phone #	
Street Address		City, State, & Zip Code	
Alternate Phone #	E-mail Address		
<b>PAYMENT INFORMATION</b>			
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Name on Card		Credit Card Number
	Expiration Date (MM/YYYY)	Zip Code	Signature of Cardholder
	Cardholder's Address (If different from above)		
<b>READ AND SIGN THE FOLLOWING TO COMPLETE THIS REGISTRATION FORM</b>			
I, the undersigned, do hereby release the SPORTSPLEX, its owners, employees, teams, officers, and managers from all claims arising from personal injury, no matter how caused, which I may incur or suffer during my participation in SPORTSPLEX league and tournament games. In addition, I hereby waive any claims, suits, actions, or causes which I may or hereafter have against SPORTSPLEX, its owners, employees, teams, officers, and managers for personal injury, no matter how caused, which I have incurred, may incur or suffer during my participation in SPORTSPLEX league, tournament, as well as scrimmage and practice sessions. I further agree to indemnify and hold forever harmless the SPORTSPLEX, its owners, employees, teams, officers, managers, and successors against all losses, including counsel fees and court costs, from any and all claims made against it by any party as a result of my actions, negligent or intentional, which may result in injury or loss to another participant or spectator. All players/members of the team listed on this Release/Waiver/Indemnity are eligible to play in league competition, scrimmage games, and practice sessions. Anyone participating in any of the aforementioned events that has not signed this Release is and will be considered ineligible and has no right to participate in any event at the SPORTSPLEX.			
Parent's/Legal Guardian's Signature			Date