

## 2016/2017 SOCCER CENTRE APPLICATION COCA-COLA FIELD TEAM REGISTRATION

Team Name \_\_\_\_\_ League (Age) \_\_\_\_\_ Division (1 or 2) \_\_\_\_\_

**(FILL OUT ADDRESS FOR INDIVIDUAL WHO WILL RECEIVE MAILING OF SCHEDULE)**

Coach/Manager Name \_\_\_\_\_

Coach/Manager Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Session Dates: (Circle One)**

**Session Dates:**

**(1) Oct. 22 - Nov. 20**

**(2) Nov. 21 - Jan. 20**

**(3) Jan. 21 - Mar. 30**

**(4) Apr. 2 - May 7**

**Registration Deadline:**

**Oct. 2, 2016**

**Nov. 6, 2016**

**Jan. 8, 2017**

**Mar. 19, 2017**

(Dates subject to change due to the number of teams)

<u>Cost of Team Registration:</u>	<u>Cost Per Team</u>	<u>Deposit</u>
Session 1 = 6 games	\$295	\$100
Session 2 = 8 games	\$395	\$200
Session 3 = 8 games	\$395	\$200
Session 4 = 6 games	\$295	\$100

**Small Sided Leagues Include: (Circle One)**

Coed 5-6	B9-10	G7-8	G13-14
Coed 7-8	B11-12	G9-10	Wom 30
B7-8	B13-14	G11-12	Coed HS

**Players must be specified division age during the session(s) they are participating in.**

Check # \_\_\_\_\_ Amount \_\_\_\_\_

**(Make checks payable to Soccer Centre. There will be a \$20 charge on all returned checks.)**

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

**(Circle One: Master Card, Visa, Discover & Amex accepted) (3 digit)**

**Credit Card required for all team payments.**

The undersigned Coach/Manager will take full responsibility for registering all participants (with Soccer Centre's waiver form), provide proper uniforms with numbers, obtain signatures, parent or player, on the roster, provide proper coaching, to consent to participate in activities of recreation at Soccer Centre, and hold harmless Soccer Centre first from any claim arising out of participation in such activities. The Coach/Manager will also take full responsibility for all payments for league fees due to Soccer Centre. **ALL FEES ARE NON-REFUNDABLE.** We are unable to guarantee specified times/days for scheduling.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Soccer Centre: 1620 Market Place Dr. Maumee, Ohio 43537 (Phone 419-893-5425, Fax 419-893-3656)**

Computer Code (office use only) \_\_\_\_\_ Staff Initial \_\_\_\_\_