

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)

Cost of Team Registration:

Session 1 = 6 games

Session 2 = 8 games

Session 3 = 8 games

Session 4 = 6 games

Cost Per Team

\$295

\$395

\$395

\$295

Deposit

\$100

\$200

\$200

\$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 _____