

# 2018/2019 SOCCER CENTRE APPLICATION

## ROSSFORD SOCCER CENTRE DOME TEAM REGISTRATION

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

(circle one) Team: M or F Coach's Name \_\_\_\_\_

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

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

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

Email \_\_\_\_\_

(Previous Season)

Team Record W \_\_\_\_\_ L \_\_\_\_\_ T \_\_\_\_\_ League \_\_\_\_\_

<u>Session:</u>	<u>Dates:</u>	<u>Registration Deadline:</u>
Session 1 (6 games):	Nov. 5 – Dec. 23, 2018	Oct. 21, 2018
Session 2 (8 games)	Jan. 5 – Mar. 24, 2019	Dec. 16, 2018

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

<u>Team Fees:</u>	<u>7v7</u> (U9-U10)	<u>9v9</u> (U11-U12)	<u>11v11</u> (U13&up)	<u>Deposit:</u>
Session 1 (6 games)	\$400	\$600	\$900	\$200
Session 2 (8 games)	\$700	\$900	\$1600	\$300
Session 2&3 (14 games)	\$900 (save \$200)	\$1200 (save \$300)	\$2100 (save \$400)	\$400

\*Deposit due at registration and included in team fee.

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

(Make checks payable to: Soccer Centre. There is a \$20 charge for all returned checks)

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

(Circle One: Master Card, Visa, Discover & Amex) \*Required for all team registrations

Security Code (3 digit # on back of card) \_\_\_\_\_

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 \_\_\_\_\_