

Home Field Athletics
Indoor Youth Soccer League
Registration Form

Winter Season 2012
Games Begin February 4th

Child's Name _____ Age: _____ Birth Date: ____/____/____

Address: _____

City: _____ State: _____ ZIP _____

Father's Name: _____

Mother's Name: _____

Home phone #: _____ Cell phone #: _____

Email: _____

Emergency contact: _____ phone #: _____

AGE GROUP - (circle one) GIRLS — 5-6G* 7-8G* 9-10G 11-12G 13-14G 15-16G 16-18G

*younger age groups may be coed

BOYS — 5-6B* 7-8B* 9-10B 11-12B 13-14B 15-16B 16-18 B

- Team rosters will consist of 8-12 players.
- Games are played indoors on a 50' x 164' Field Turf field.
- Play is 6 v 6 or 8 v 8 for younger ages
- You may form your own team as long as you have a coach

JERSEY SIZE: (circle one) Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

Would you be willing to volunteer to coach a team? Yes No Maybe

Please check one

I would like to form my own team → *attach a roster*
Coaches: Team Level - (circle one): A - Competitive or B - Recreational

I do not have a team preference

I would like to be on a specific team → *team name or coach:* _____

COACHES: Does your team need jerseys? YES NO

Registration form along with payment must be received no later than January 23, 2012

\$\$\$ - Save \$20 when you register by December 31st - \$\$\$

\$\$\$ - Save \$10 when you register by January 7th - \$\$\$

Late registration is allowed on a space available basis

Mail form & payment to:

Home Field Athletics - 10 Greg St, unit 204 - Sparks NV 89431- (775) 851-0770

homefieldathletics.com

Home Field Athletics

10 Greg St. #204 - Sparks NV 89436

Child Waiver and Release

Child's Name: _____

I verify that my child is physically fit to play sports for good and valuable consideration, receipt of which is acknowledged. I understand that my child must bring and wear proper equipment during play. I the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Home Field Athletics, its staff, officers, agents, representatives, employees and successors from any and all damages, resulting from injury or property loss/damage which may be sustained or occur during participation in sports activities whether said damages, injury or loss are due to negligence. I, being the legal guardian of the above named child, authorize Home Field Athletics and its agents permission to request medical treatment as necessary to insure the well being of our dependent and agree not to hold any person, company or Home Field Athletics liable for those treatments.

Parent/Guardian Signature

Date

Print Name