

SHORE FUTSAL WINTER '09 LEAGUE REGISTRATION FORM

Captain/
Coach Name: _____

Team
Name: _____

Contacts
Email Address: _____

Team Level: Below Above
(Circle One) Average Average Average

Address: _____

City: _____ State: _____ Zip: _____

Team Contact
Phone #: (Day) _____

(night) _____

Amt.
Paid: _____ Date: _____

Authorized
Signature on Card: _____

CASH CREDIT CARD

CARD TYPE: Visa MC Discover AMEX

CHECK Card # _____

Exp. Date: _____

A \$200.00 deposit, a credit card and a completed registration form is required to hold your team's spot in the league. Teams are accepted on a first come first serve basis. Limited Spots - Register Early! All balances MUST be paid in full before the FIRST game or the balance will be applied to the above credit card. NO REFUNDS WILL BE GIVEN.

Please Read Carefully and sign the following Registration-Understanding/Waiver.

In consideration for being allowed to participate in any way in GOODSPORTS USA athletic/sports programs, and related events, I the undersigned voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named child during or in connection with GOODSPORTS USA or it's staff while they/I am on the premises of GOODSPORTS USA. I acknowledge that at GoodSports USA, I/they will participate in activities that may involve, among other things, physical contact with persons or objects, including the ground, and may incur a risk of injury. I specifically waive, give up and release GoodSports USA and its staff, from all liability for any claim for damages which I/the above named child may have relating to injuries or illness that I/they may sustain. In signing this waiver, I certify that I/the above child are in good health, with no chronic illness or abnormal tendencies. In the event of an emergency in which I/the above child requires medical care, I authorize GOODSPORTS USA to act for me and obtain whatever medical, surgical or dental examination, diagnosis and/or treatment is deemed necessary. GOODSPORTS USA is not responsible for my personal belongings which are lost, stolen, or damaged. I agree to have all fees paid in full before the first game. I further understand that I should be aware of my/the above named child's physical limitations and agree not to exceed them. I agree to review the rules and inspect the facilities and if I believe it is unsafe I will advise his or her coach and refuse to participate.

Sign: _____ Print Name: _____

- **Required Equipment:** Shin Guards, Indoor Shoes or Sneakers
- **Use One form per team. Please contact us for Additional Forms if needed.**
- **Please mark which division you are registering for:**

Select One:

Boys

Girls

Select One:

U8

U9

U10

U11

U12

U13

U14

U15

U16

U17

U18

Men's Open League