

TAYLOR SPORTSPLEX 2009/2010

INDIVIDUAL REGISTRATION



INDOOR SOCCER LEAGUE

SEASON

- FALL WINTER SPRING

AGE GROUPS

- U8 COED
- YOUTH**
- U10 BOYS U10 GIRLS
 U12 BOYS U12 GIRLS
 U14 BOYS U14 GIRLS
 U16 BOYS U16 GIRLS
 U18 BOYS U18 GIRLS
- ADULT**
- ADULT COED RECREATIONAL
 ADULT COED 30+
 MEN'S RECREATIONAL
 MEN'S 30+
 WOMEN'S OPEN

LEARN-TO-SKATE

SESSIONS

- (1) SEPT 14 - OCT 26 (2) NOV 2 - DEC 14
 (MINI) DEC 28 - 31 (3) JAN 11 - FEB 22
 (4) MARCH 22 - MAY 3

LEVELS

(Please check the class and circle the level)

- TOT 1 2 3 4
 BASIC 1 2 3 4 5 6 7 8
 FREESTYLE 1 2 3 4 5 6 7 8 9 10
- ROTATION
 POWER
 YOUTH LEARN TO PLAY
 ADULT
 TEAM COMPULSORY

SOCCER INSTRUCTIONAL CLASSES

- FALL 2 WINTER SPRING

- PARENT TOT KIDDY KICKERS UPPER-90

ADULT LEARN-TO-PLAY HOCKEY

(Please check the season)

- FALL WINTER

INDIVIDUAL REGISTRATION FORM

Participant's Name: _____

Parent's Name: _____

Email Address: _____

Phone #: (Home) _____

Address: _____

(Cell) _____

City: _____ State: _____ Zip: _____

Birthdate: _____

WAIVER FORM

I hereby represent and certify that the age of the registrant listed above is correct and acknowledge and agree that the registrant is physically fit to engage in both structured and unstructured activities at the Taylor Sportsplex.

I acknowledge the inherent risk of serious physical injury or even death associated with soccer activities and I hereby release, discharge, and agree to indemnify and hold harmless the Taylor Sportsplex, its owners, managers, affiliates, and employees from any and all claims by or on behalf of the registrant arising from registrant's participation in any TSX program at the Taylor Sportsplex.

I hereby represent and certify that registrant has adequate health insurance to cover any and all injuries occurring as a result of participation in all soccer activities at the Taylor Sportsplex and as the parent or legal guardian of the participant I hereby consent to any and all emergency medical care for participant and agree to pay for same.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only:

Amount Paid: \$ _____ Date: _____

Method of Payment: CASH CHECK CREDIT