

SOCCER REGISTRATION FORM

NAME: _____
 ADDRESS _____
 CITY _____ STATE _____
 ZIP CODE _____
 EMAIL _____
 HOME PHONE _____
 WORK PHONE _____

TEAM NAME: _____

- CHECK
- CASH
- CREDIT CARD

NAME ON CARD _____
 ACCOUNT NUMBER _____
 EXPIRATION DATE _____

MAIL ENTRY FORM TO:

Indy Indoor Sports, Inc.
 6382 W. 34th Street
 Indianapolis, IN 46224

DATE: _____



317-291-2729

www.indyindoorsports.net

SOCCER

Please check mark which session you would like to attend

- Spring April 13, 2009
- Summer 1 June 15, 2009
- Summer 2, Aug 24, 2009

Please circle which league you would like to join.

- MONDAY:** Coed Open, Coed Novice, Women 0-30
- TUESDAY:** Mens Open, Mens C, U14, U16
- WEDNESDAY:** U10, , U12, U19 Girls, College Coed, Mens 0-30, Mens 0-40
- THURSDAY:** High School, Mens Premier, Mens 0-35, Mens 0-45, Womens 0-40
- FRIDAY:** U19 Boys, U19 Coed, U21 Coed, Mens International
- SATURDAY:** U25 Coed, Mens International
- SUNDAY:** Coed Premier, Coed Novice, Womens Open, Mens International

Waiver: I understand that I will be participating in the INDY INDOOR SPORTS Inc. tournament as a player, at my own risk. In consideration of my participation in the INDY INDOOR SPORTS Inc. program, I, intend to be legally bound, do hereby for myself, my spouse, if any, my child or ward, executors and administrators, waive, release, hold harmless and forever discharge INDY INDOOR SPORTS Inc., its agents and sponsors of and from any and all claims, damages or expenses, including without limitations of any claims, damages or expenses for less, damage or injury to my person or property arising or alleged to arise out of my participation or failure of participation in the INDY INDOOR SPORTS Inc. program, and any other claims, damages or expense arising or alleged to arise from any ACT or OMISSION of INDY INDOOR SPORTS Inc., its agents or sponsor(s); irrespective of whether such claim, damage, or expense is caused or alleged to be caused by the sale, joint, several or comparative negligence or any breach of duty of or by the aforementioned organization and individuals, or any one of them. I also give my permission of INDY INDOOR SPORTS Inc. for the free use of my likeness in connection with any broadcast, telecast, print media account, or other publicity of or generated by program activities of INDY INDOOR SPORTS Inc. By signing, as team manager, I assume responsibility to pay all league fees in full (or individual fees if registering as an individual).

X _____

Signature of Player / Team Manager
 Signature of Parent if under 18 years old