



FALL Men's 5v5



**6-11 PM Start Times
Depending on # of teams**

Thursday & Sunday Nights (teams must be flexible)

This league plays BOTH Thursday and Sunday evenings. Though you may have a preference, it is not guaranteed. Teams must be able to play either night.

AT THIS TIME, NO GAMES ON: 11/24, 12/25, 01/01/2012, 01/15/2012

Starts: November 3rd

Deadline: October 20th

Teams playing the fall session are guaranteed a spot for the winter session (which normally fills fast) provided they sign up **ON TIME** for the winter session. Late signups taken for fall or winter only if room allows. Winter deadline will be posted before the end of the fall session.

\$550.00 (per team / includes tax) / **eight (8) games** (9+ for top 4 teams per level)

Pay in full by your 1st game and receive \$50.00 off!

Must be at least sixteen (16) yrs old to participate. Additional days added if needed.

Double headers possible. Cannot request no double headers. Cannot schedule around players on multiple teams.

Returning and new teams must submit a registration form (front/back) & mandatory \$100.00 non refundable deposit to register. Current roster (even if same players) is due by 1st game and is frozen after the 2nd game.

Waiver current before participant can play. Must have a 0 balance before team can play their 3rd game.

Complete rules are located under: **Sports-Football-Coaches Info**
Be sure to check the **Registering / Rostering** section of the rules.

LEVEL: **A** (competitive) **B** (intermediate) **C** (recreational) **Lowest**

NOTE: teams that are co-ed or mainly HS players, **MUST** play in the **LOWEST DIVISION** unless approved otherwise.

TEAM NAME: _____
(Limit 25 letters)

RESPONSIBLE PARTY: _____ **D.O.B.** _____
(Must be 18 or older)

SIGNATURE: _____ **DATE:** _____

QUESTIONS?

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Must complete all three (3) sections.

SECTION 1: TEAM / RESPONSIBLE PARTY INFORMATION

YEAR: 2011

SPORT: 5v5 FLAG FOOTBALL

SESSION: FALL

DIV: MEN'S

I am aware of all requirements necessary to register and play a team at SportsCity. I am aware there are NO refunds. I will ensure that all team members are aware of the Rules of Play. I understand that I am responsible for ensuring the entire league fee is paid whether the team completes the session or not.

TEAM NAME: _____
(Limit 25 letters)

RESPONSIBLE PARTY: _____ D.O.B. _____
(Must be 18 or older)

SIGNATURE: _____ DATE: _____

PHONE: [home] _____ [cell] _____ [work] _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____ (Required / Print VERY clearly)

SECTION 2: CHARGE / DEBIT CARD AUTHORIZATION: Mandatory Signature Required

I authorize SportsCity to automatically charge any balance due after the teams second (2nd) game. If the charge is denied, I understand the team will be removed from the league and all games will be forfeited. NO refunds will be issued.

Visa MasterCard Discover American Express AMOUNT: \$ _____

NAME ON CARD (print): _____

PHONE NUMBER: [H] _____ [W] _____ [C] _____

CARD #: _____ EXPIRATION DATE: _____

SIGNATURE: _____ DATE: _____
(Required)

SECTION 3: SCHEDULE REQUESTS

Requests are NOT guaranteed. Requests must be submitted by registration deadline per session. Each team is only allowed TWO (2) requests. Will not schedule around other teams.

1. _____

2. _____
