



6 AM
Start
Time
if
needed!

SportsCity 2010-2011 Winter Youth Soccer Leagues

Single age divisions when possible. If needed, ages / levels will be combined to form a league.
See SPORTS - SOCCER - COACHES INFO on our web site for rules and additional paperwork.

U09-10
\$600.00 per team

Price is for 8 games. Includes tax.
See Discounts Below!

U11-U15 non HS
\$725.00 per team

APPLIES TO ALL NEW and RETURNING TEAMS EACH SESSION:

Registration form (front/back) & Deposit mandatory to register by deadline. Updated roster (even if same players) is due by FIRST game and is frozen after the 2nd game (see rules for exceptions). Waiver current before participant can play. Teams must have a 0 balance before they can play their 3rd game.

U10 teams playing U11 up must pay the U11 up fee. U15 non HS means players cannot be in HS.

We'll meet or beat our competitors fee!

___ Winter 1 Starts: 10/23/2010
Deadline: 10/10/2010
___ Winter 2 Starts: 01/08/2011
Deadline: 12/19/2010

Age Division Playing: _____
Age of Oldest Player: _____
Willing to play up: Y N

DIV: B G
Co-ed circle boys

TEAM NAME: _____
(Limit 25 letters)

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

SIGNATURE: _____ DATE: _____

DISCOUNTS:

1. Teams playing U11 up: Sign up by 09/26/2010 for Winter I or 12/05/2010 for Winter II to receive \$50.00 off each team.
2. All: Two or more teams coached / registered by the same person receive another \$50.00 off each team.
3. All: Pay in full by the your 1st game and receive yet ANOTHER \$50.00 off each team.



QUESTIONS?:

tbaldwin@sportscitykc.com
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816-229-1314 www.sportscitykc.com fax: 816-229-1716



Please remember to
complete the back side.

Must complete all 3 sections.

SECTION 1: TEAM / RESPONSIBLE PARTY INFORMATION

YEAR: 2010-11 SPORT: SOCCER SESSION: W1 W2 DIV: B OR G TM AGE: _____

I am aware of all requirements necessary to register and play a team at SportsCity. 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

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. Only requests submitted on this form will be accepted. Once schedule is complete no requests will be taken or changes made. Each team is only allowed TWO (2) requests.

1. _____

2. _____