

**2009/2010 SOCCER CENTRE APPLICATION  
INDIVIDUAL - MARCO'S FIELD SOCCER REGISTRATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ (circle one) M F  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

Session 1 - Oct. 10      Session 2 - Nov. 14  
Session 3 - Jan. 25      Session 4 - Apr. 5  
(Dates Subject To Change)

Session Fee: (Registration Fee to be paid in Full.)

Session 1 = 6 games: \$50  
Session 2 = 8 games: \$65  
Session 3 = 8 games: \$65  
Session 4 = 6 games: \$50

Soccer Centre will inform each team regarding uniform colors.

Leagues include: (Circle One)

Womens Open    Coed Open    Mens Open    Mens Over 30

Players must be specified division age during the session they are participating in.

Check # \_\_\_\_\_ Amount \_\_\_\_\_  
(Make checks payable to Soccer Centre. There is a \$20 charge on all returned checks.)

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(Circle One: Master Card, Visa, & Discover accepted)

The undersigned agree and consent to assume all risks in connection with participation in activities of recreation and instruction at Soccer Centre, and release and discharge Soccer Centre from all claims, demands, and damages for bodily injury to person and damages to property which may befall the herein names while participating in such activities, including all risks connected therewith seen or unforeseen and further to save and hold harmless Soccer Centre first from any claim arising out of participation in such activities. **ALL FEES ARE NON-REFUNDABLE.** We are unable to guarantee specified times/days for scheduling.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Soccer Centre: 1620 Market Place Dr. Maumee, Ohio 43537  
(Phone 419-893-5425, Fax 419-893-3656)

Computer Code (office use only) \_\_\_\_\_ Staff Initial \_\_\_\_\_