

**2009/2010 SOCCER CENTRE APPLICATION  
DODGEBALL REGISTRATION**  
(PLAYED ON COCA-COLA FIELD)

Team Name \_\_\_\_\_ League (Age) \_\_\_\_\_

**(FILL OUT ADDRESS FOR INDIVIDUAL WHO WILL RECEIVE MAILING OF SCHEDULE)**

Coach/Manager Name \_\_\_\_\_

Coach/Manager Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

(Circle One)

Session Dates: (1) Oct. 16 - Nov. 20 (2) Mar. 26 – Apr. 30  
(Dates subject to change due to the number of teams)

**COACHES PACKET TO BE MAILED UPON RECEIPT OF DEPOSIT.**

| <u>Cost of Team Registration:</u> | <u>Cost Per Team</u> | <u>Deposit</u> |
|-----------------------------------|----------------------|----------------|
| Session 1 = 6 games               | \$225                | \$100          |
| Session 2 = 6 games               | \$225                | \$100          |

| <u>Special Package Pricing:</u> | <u>Cost Per Team</u> | <u>Deposit</u> |
|---------------------------------|----------------------|----------------|
| Play 2 sessions (save \$50)     | \$400                | \$100          |

Leagues Include: (Circle One)

High School (grades 9-12)

Adult

Boys

Men

Co-ed

Co-ed

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

Check # \_\_\_\_\_ Amount \_\_\_\_\_

(Make checks payable to Soccer Centre. There will be a \$20 charge on all returned checks.)

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

(Circle One: Master Card, Visa, & Discover accepted)

The undersigned Coach/Manager will take full responsibility for registering all participants (with Soccer Centre's waiver form), provide proper uniforms with numbers, obtain signatures, parent or player, on the roster, provide proper coaching, to consent to participate in activities of recreation at Soccer Centre, and hold harmless Soccer Centre first from any claim arising out of participation in such activities. The Coach/Manager will also take full responsibility for all payments for league fees due to Soccer Centre. **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 \_\_\_\_\_