



# 2009 - 2010

## TEAM: REGISTRATION FORM

Winter I	November 13, 2009 – December 20, 2009	8 Games ( 7 V 7 )
Winter II	January 2, 2010 – February 14, 2010	8 Games ( 7 V 7 )
Winter III	February 26, 2010 – April 18, 2010	8 Games ( 7 V 7 )

U-6 & U-8: **\$360** (8 games-no referee-coach's allowed on field) ( 4 v 4 ) Half-Field - No Keepers  
 U-10 & Above: **\$560** (8 games and includes all referee fees) ( 7 v 7 ) Full Field - With Keepers

AGE GROUPS: (Circle ONE of the below leagues)      Check One: Male: \_\_\_\_\_ Female: \_\_\_\_\_

- |                         |                         |                |             |
|-------------------------|-------------------------|----------------|-------------|
| U- 6 (8/1/03 – 7/31/04) | U-12 (8/1/97 – 7/31/98) | H.S. - J.V.    | Adult Men   |
| U- 8 (8/1/01 – 7/31/02) | U-14 (8/1/95 – 7/31/96) | H.S. – Varsity | Adult Women |
| U-10 (8/1/99 – 7/31/00) |                         | H.S. – CO-ED   | Adult Co-ED |

Team Name: \_\_\_\_\_ Team Manager/Coach: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Contact (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E.mail Contact (Please provide) \_\_\_\_\_

\_\_\_\_\_ **Deposit** (1/2 of payment non-refundable) Remaining balance must be paid prior to the first game  
 \_\_\_\_\_ Full Payment: **\$360**                      \_\_\_\_\_ Full Payment: **\$560**

Please attach a completed **TEAM ROSTER** form along with your payment. Players may be added later, but a roster must be submitted with this registration. Please make checks payable to: **TRI COUNTY SPORTS COMPLEX.**

As coach/manager I hereby release and hold harmless Tri-County Sports Complex Inc., and Mohammad Fard from any and all liability, for an injury or loss, I or any of the team's players may sustain, while participating in any program at the facility. I authorize the facility manager, director, instructor or referee to act according to their best judgment if I cannot reach a player's parent in the event of a medical emergency involving any of the team's players.

Signature of Team Coach or Manager: \_\_\_\_\_

Name of Team Coach or Manager (Print): \_\_\_\_\_

Additional Contact (Optional): Work/Cell Number: \_\_\_\_\_

**4200 Logan Gate Road Youngstown Ohio 44505**  
**Phone (330) 759-9800 ..... Phone/Fax (330) 759-9801**  
**www.tcscsoccer.com**