



Indoor Tournament Player Registration Form

Team Manager: _____ Head Coach: _____

Player's Name: _____ Shirt Size: _____
Last First

Date of Birth: ____/____/____ Gender: Female Male Mother's Birth Month/Day: ____/____

Player's Mailing Address: _____
Street City State Zip

Player's Primary Phone: _____ Email: _____

Mother's Name: _____
Last First

Mother's Contact Info: _____
Cell Phone Home Phone Work Phone Address/email address if different than player's

Father's Name: _____
Last First

Father's Contact Info: _____
Cell Phone Home Phone Work Phone Address/email address if different than player's

Required items at registration from each player:

- Medical Release Form
- Release from Liability Form
- Registration fee: \$40 for U10 players; \$45 for U12, U14, & U16 players; \$55 for U19 players
- Team Contract (if applicable)