



# Super Six Soccer Team Registration Form

Team Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Contacts Hm Phone: \_\_\_\_\_ Wk Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

### Alternate Contact:

Name: \_\_\_\_\_

Hm Ph: \_\_\_\_\_ Wk Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_

League: Fall: Aug-Dec. Spring: March-May Summer: June-July Winter: Jan-March

Division:	Men's Open	Men's Rec.
	Men's Over 30	(Wed pm)
	Co-Ed	(Mon. pm)

Team: New Established Mixed

Seasons Participates: \_\_\_\_\_ Team Name: \_\_\_\_\_

Team Color: \_\_\_\_\_ Alternate Color: \_\_\_\_\_ Numbered!

As a team coordinator, coach, I understand that it's my responsibility to communicate to my team, all the rules of the league, Warner Soccer and the Meadows Soccer Complex. I also understand that I am responsible for the actions of my team and will help in all situations needed for the safety and well being of my team, the opponent, the referee and all staff members. I understand the forfeit fee will be cashed if the team is unable to field a legal team. I also acknowledge that the forfeit fee will be shredded upon completion of said league.

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

### OFFICE USE ONLY

\_\_\_\_\_ Team Registration Form \_\_\_\_\_ Entry Fee check amt: \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_\_\_ Team Roster \_\_\_\_\_ \$50.00 forfeit fee Ck No: \_\_\_\_\_