

WHERE IT'S ALWAYS
GAME ON!

PROGRAMMING DEPARTMENT **ADULT**

FISC
FREDERICK INDOOR
SPORTS CENTER

Adult Soccer Team Registration Form

Session: Spring I Spring II Summer Fall Winter I Winter II

Current Division: _____

Team Name: _____

Preferred Division: Division 1 Division 2 Division 3 **Womens:** Open Masters

Team Captain: _____

Current Team Captains, please fill in if any changes to email or phone #

Phone: _____

Email: _____

Team Roster: (minimum of 10 players required for soccer)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Captains of Adult Teams: Roster will be populated from current rosters so please let the Adult League will need to stop in or call in to reconcile in their session payment.

PLEASE CHECK ONE OF THE FOLLOWING:

- YES**, I am 99.9% sure my team will be returning for the next session
- NO**, my team will not be returning for the next session. We'll be back soon!
- UNSURE** that my team will be returning. I will inform the Adult League Coordinator ASAP!

By completing this form, I understand I am not guaranteed a spot in the League and that spots are based on availability. I also understand that FISC reserves the right to place my team in an appropriate Division, based on skill and team ability. I also understand that a minimum of a one player deposit is required to reserve my spot; and it is nonrefundable, if I am unable to field a team. I also understand that my team must meet the minimum roster requirements, as stated above to be added to the schedule, ten days prior to session start date.

Signature: _____ **Date Submitted:** _____

For office use only:

Roster Entered by: _____ Date Entered: _____ Players Entered: _____

Players on the Monthly Plan: _____ Players Invoiced: _____

Emails Sent to Invoiced Players: _____ Email Confirmation Sent to Captain: _____