

Peterborough Indoor Soccer League

2009-2010 Indoor Registration Form

Name: _____ E-mail: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____ Cell: _____

Age: _____ Years Played: _____ Preferred Position(s): _____

Preferred Team Name: _____ Team Rep Name: _____

Any Team: ()

Skill Level: Beginner () Average () Good () Very Good ()

First Aid & CPR Training: Yes () No ()

Time Available: 100% () May miss the odd game ()

Game Time:

All games are played on Friday evenings starting October 16th 2009 and running for 21wks.

League Fees:

\$200 per player, payments must be submitted to the team reps along with a completed application form.

No player shall be allowed to play until a signed application form has been submitted along with payment in full to the league administrator, Clinton Randall.

Team Selection:

All players must be over 35yrs of age, (no exceptions). Team names and roster will be posted on the website as they are confirmed; we can not guarantee which team you will be playing on but we will try our best to place you with your preferred team mentioned above, if you do not mind which team you play on we will place you on a team that needs you most based on preferred position(s) and skill level.

Waiver:

I recognize that soccer is by nature a fast paced and physical sport and that I will face risk of injury. I hereby absolve the Peterborough Indoor Soccer League and Clinton Randall of any responsibility for the injury and I waive the right to civil or criminal law remedy against the before mentioned and its executive sponsors. Finally, I accept that agreeing to the terms of this waiver is a condition of playing in the league.

Print Name: _____ Date: _____

Signature: _____

For more information please contact:

Clinton Randall

Phone: (705) 741-0566 Cell: (705) 313-0932

Email: info@peterboroughindoorsoccer.com

Website at www.peterboroughindoorsoccer.com

2650 Marsdale Drive Unit 604, Peterborough Ontario. K9L 1Y2