FAMILY Sports Park FIRST

CHRISTMAS INDOOR CLASSIC

TEAM REGISTRATION FORM

DECEMBER 26-30, 2005

REGISTRATION DEADLINE: DECEMBER 1, 2005

Application form and $375 tournament fee must be received.

PLEASE CHECK ONE AGE GROUP:

❑ Boys U9	8/1/96-7/31/97	❑ Girls U9
❑ Boys U10	8/1/95-7/31/96	❑ Girls U10
❑ Boys U11	8/1/94-7/31/95	❑ Girls U11
❑ Boys U12	8/1/93-7/31/94	❑ Girls U12
❑ Boys U13	8/1/92-7/31/93	❑ Girls U13
❑ Boys U14	8/1/91-7/31/92	❑ Girls U14
❑ Boys U15	8/1/90-7/31/91	❑ Girls U15
❑ Boys U16	8/1/89-7/31/90	❑ Girls U16
❑ Boys U17	8/1/88-7/31/89	❑ Girls U17
❑ Boys U18	8/1/87-7/31/88	❑ Girls U18

❑ Mens Open (Must be at least 18 by December 25, 2005) ❑ Womens Open

Birthday Of Oldest Player:_____/_____/_____

PLEASE COMPLETE THE FOLLOWING:
(Teams will be considered premier if not completed.)

Team record Fall 2005 W_____ L_____ T_____

Type Of League Your Team Plays In:
❑ Premier/Classic ❑ Div. 1/A

State Association:_____

League:_____

Additional Information:_____

_____

_____

If you have any referees within your association who may be interested in officiating, please include their name and phone number.

1._____

Phone:_____

2._____

Phone:_____

A. Did you participate in any prior Family First Sports Park tournaments before? ❑ Yes ❑ No

When?_____

B. Teams must be prepared to begin play at 6 AM

Club:_____

Team Name:_____

Team Manager/Contact:_____

Team Manager/Contact Address:_____

City/State/Zip:_____

Phone:_____
Home

Phone:_____
Work

Phone:_____
Cell

Fax:_____

E-mail:_____

Division: ❑ Girls ❑ Boys Specify Age:_____

PAYMENT

_____
Name Of Individual Making Payment

Phone:_____

Enclosed Is: Full Payment Amount: $_____

Check #:_____

PLEASE MAKE CHECK PAYABLE TO:
FAMILY FIRST SPORTS PARK
8155 Oliver Road
Erie, PA 16509

Please Charge My: ❑ VISA ❑ MASTERCARD ❑ DISCOVER
❑ AMERICAN EXPRESS

PLEASE NOTE: There will be an additional $3 credit card transactoin fee charged to your card.

Account #:_____

Bank #:_____

Card Expiration Date:_____/_____/_____

Amount Charged: $_____

PLEASE READ AND SIGN BELOW:
I understand that if my team is not accepted, the entry fee will be returned in full. I further understand that once a team has been accepted and later withdrawals, the entry fee is forfeited. In the event of bad weather, shortening or cancelling this event, entry fees will not be returned.

_____ _____
Team Manager Signature Date

FAMILY Sports Park FIRST

CHRISTMAS INDOOR CLASSIC

TEAM ROSTER

Team: _____

Age Group: _____

Male: _____ Female: _____

(All players under the age of 18 must have parent/guardian sign below.)

PLEASE READ AND SIGN BELOW:

The undersigned agree and consent to assume all risks in connection with participation in activities of recreation and instruction at FFSP Corp. and release and discharge FFSP Corp. from all claims, demands and damages for injuries to person and damages to property which may befall the herein named while participating in such activities, including all risks connected therewith, whether seen or unforeseen; and further to save and hold harmless FFSP Corp. and its employees from any claim arising out of the participation of such activities.

FULL NAME	ADDRESS/CITY/STATE/ZIP	PHONE #	BIRTHDATE	UNIFORM #	SIGNATURE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					