



Team Application Form Winter 2006/2007

REP DIVISION

**Durham Indoor Soccer Club League**

**TEAM NAME** : \_\_\_\_\_

**CLUB NAME** : \_\_\_\_\_

**DIVISION** (Please Tick One Below) **GENDER** : (Please tick one) M \_\_\_\_\_ / F \_\_\_\_\_

U10 (born on or after Jan 1/97) \_\_\_\_\_ U11 (born on or after Jan 1/96) \_\_\_\_\_

U12 (born on or after Jan 1/95) \_\_\_\_\_ U13 (born on or after Jan 1/94) \_\_\_\_\_

U14 (born on or after Jan 1/93) \_\_\_\_\_ U15 (born on or after Jan 1/92) \_\_\_\_\_

U16 (born on or after Jan 1/91) \_\_\_\_\_ U17 (born on or after Jan 1/90) \_\_\_\_\_

U18 (born on or after Jan 1/89) \_\_\_\_\_

**CLUB CONTACT :**

Name : \_\_\_\_\_ Tel : (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Address : \_\_\_\_\_ City/Town \_\_\_\_\_

Post Code : \_\_\_\_\_ Email Address : \_\_\_\_\_

**TEAM CONTACT (Manager) :**

Name : \_\_\_\_\_ Tel : (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Address : \_\_\_\_\_ City/Town \_\_\_\_\_

Post Code : \_\_\_\_\_ Email Address : \_\_\_\_\_

**COACH's INFO :**

Name : \_\_\_\_\_ Tel : (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Address : \_\_\_\_\_ City/Town \_\_\_\_\_

Post Code : \_\_\_\_\_ Email Address : \_\_\_\_\_

**MOST RECENT LEAGUE/DIVISION PLAYED IN :** \_\_\_\_\_

**Registration Fees**

The full fee for the season is \$1,839.62 plus GST of \$110.38 for a total of \$1,950. Fees are payable as follows: Deposit Cheque of \$350 due on registration. Balance of \$1,600 due by September 15th, 2006. **Late Fee of \$200 per team applies for any team not paid in full by start of season.**

The \_\_\_\_\_ soccer team ("the Team") hereby applies to play in the DISCL Rep League 2006/2007 season at the Durham Indoor Soccer Centre (DISC) and agrees that DISC, its executive, employees, authorized agents, referees, volunteers, associates and affiliates will not be responsible for any loss or damage, injury or accident, however caused, and to release them from all claims which may arise as a result of attendance at DISC or a DISC organised event, whether soccer related or not (including, but not limited to, practices, games, tournaments, travel to and from locations). The Team agrees that DISC or any authorized representative acting on its behalf may seek emergency medical assistance for me or my child if deemed necessary. DISC has established rules for participation and proper conduct on or about the playing field. The Team agrees to abide by the published rules of the Ontario Soccer Association, the Durham Region Soccer Association and DISC.

\_\_\_\_\_  
**Signature of Team Official**

\_\_\_\_\_  
**Date**