



DWISL Summer 2010 Team Registration Form

Durham Indoor Soccer Centre Ltd
1289 Terwillegar Ave Oshawa On L1J 7A4 Tel : 905 436 6921
E-mail: DISC@rogers.com www.durhamindoorsoccer.com

1st Contact Details: First Name _____ Last Name _____

Phone No. _____ Alt Phone No _____ Fax No _____

E-mail _____

Backup Contact Details: First Name _____ Last Name _____

Phone No. _____ Alt Phone No _____ Fax No _____

E-mail _____

DID YOUR TEAM PLAY AT DISC in 2009/2010 ? Y / N

ARE YOU SIGNING UP FOR (Circle) : Ladies' Open / Men's Open

Team Name _____

Team Experience (Divisions played in indoor/outdoor, years together, level etc) _____

1. Attached is a deposit cheque in the amount of \$300 payable to DISC Ltd
Team Fees: For teams who have deposit by 15th April and full payment by 10th May - \$1250.
For teams who complete registration by 10th May - \$1400. Late fee of \$250 applies to team completing registration after May 10th.

2. I understand that the team fee covers up to 14 players and that any further players (up to a maximum of 18 per team) may be added for a fee of \$25 per player if registered with the team or \$40 if registered at a later date. Additional players must submit a registration form and the fee to DISC at least 72 hours prior to their first game.

WAIVER : There is a potential risk attached to any sport. I agree that Durham Indoor Soccer Centre Ltd. ("the Centre") and its executive, employees, authorized agents, referees, coaches and volunteers will not be held responsible for any loss or damages, injury or accident, however caused, and to release them from all claims which may arise as a result of any use of the Centre , including, but not limited to, practices, games, tournaments, travel to and from locations. I agree that the Centre or any authorized representative acting on its behalf may seek emergency medical assistance for team players if deemed necessary. The Centre has established rules for participation and proper conduct on or about the playing field. I agree that the team's players will abide by the published rules of the Ontario Soccer Association, the Durham Region Soccer Association and the Centre.

TOTAL PAID : \$ _____ CASH / CHEQUE		
OFFICE USE : Invoice No : _____	Chq No: _____	Date of Deposit : _____
Durham Indoor Soccer Centre Ltd GST# : 86439 5488 RT0001		
Credit Card I hereby authorize DISC to charge the amount of \$300 to my Mastercard/Visa		
Card No.....		
Expiry	Name On Card.....	Signature.....