



**FLAG FOOTBALL
2006 / 2007**

WHO: Men's Open

WHEN: Season #1: 10/22/06 - 12/17/06 Registration Deadline: 10/15/06
 Season #2: 01/07/07 - 02/18/07 Registration Deadline: 01/02/07

DAYS OF PLAY: Sunday and Thursday Evenings

WHERE: SOCCERZONE, GRANGER, INDIANA

GENERAL INFO: 6 v 6
 8 games
 Minimum 9 players, maximum 12 players
 Non Contact – Flags & Belts provided
 No Turf or cleats. Must wear “flat sole” shoes.
 Register as a team or individual (will be put on a house team)
 Two referees will be doing each game.
 For further information, contact SoccerZone at (574)-243-5777. Fax: (574)-243-5778
 Address: SoccerZone, 1435 University Drive Ct., Granger, Indiana 46530

COST: \$72.00 Individual player (to be put on a house team)
 \$625.00 per team
 \$100.00 deposit made upon registration
 Balance due by 1st game (no exceptions).
 Checks made payable to: SoccerZone

“ADULT FLAG FOOTBALL REGISTRATION”

Season #1: _____ Season #2: _____

Individual Registration (House Team Player):
 Name: _____ HomePhone: _____ BusinessPhone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Health Insurance: _____ Policy #: _____
 Birth Date: ____/____/____ E-Mail Address: _____

Team Registration: (Please note that every team player must fill out an individual registration form).
 Team Name: _____ Contact Person: _____
 HomePhone: _____ BusinessPhone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Birth Date: ____/____/____ E-Mail Address: _____
 Fee: \$72.00 (Individual Registration – House Team) \$625.00 Team Fee:
 Each individual must be a member of SoccerZone both House team players and Team players.
 Membership Fee: \$12.00 Single \$30.00 Family
 Type of Payment: Check: ____ MasterCard: ____ Visa: ____ Cash: ____ Amount Enclosed: \$ _____
 Credit Card #: _____ Expiration Date: _____
 Name on Card: _____ Signature: _____

WAIVER / EXCLUSION CLAUSE: I, the undersigned parent/guardian/participant, in enrolling at SoccerZone, the National Indoor Soccer Association (NISA), understand that he/she/I in attending any SoccerZone program and using the facilities does so at his/her/my own risk. SoccerZone, and its owners, employees and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs in the premises and he/she/I do or does hereby fully and forever release, discharge and hold harmless SoccerZone, all associated facilities and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any programs or use of its facilities. In addition, he/she/I agree(s) to follow the rules of play and conduct set by SoccerZone. He/she/I understand(s) that failure to do so may result in suspension from participation. **CONSENT:** I, the undersigned parent of/guardian of/participant do hereby grant authority to the staff of SoccerZone to render a judgement concerning medical assistance or hospital care in the event of an accident or illness during my absence. I hereby authorize SoccerZone and its assigns to utilize any and all photographs, pictures or other likeness of the participant, as they deem appropriate in its promotional materials.

Signed: _____ Dated: _____
Make checks payable to SoccerZone and mail to: 1435 University Drive Ct., Granger, Indiana 46530