



**YOUTH FLAG FOOTBALL  
2006 / 2007**

**WHO:** U10, U12, U14, and High School  
(Age as of 8/01/06)

**WHEN:** Season #1: 10/29/06 - 12/21/06      Registration Deadline: 10/15/06  
Season #2: 01/07/07 - 03/01/07      Registration Deadline: 01/02/07

**DAYS OF PLAY:** Tuesday, Thursday or Sunday

**WHERE:** SOCCERZONE, GRANGER, INDIANA

**GENERAL** 7 v 7

**INFO:** 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 1<sup>st</sup> game (no exceptions).

Checks made payable to: SoccerZone

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**“ADULT FLAG FOOTBALL REGISTRATION”**

Season #1: \_\_\_\_ Season #2: \_\_\_\_ U10: \_\_\_\_ U12: \_\_\_\_ U14: \_\_\_\_ H.S.: \_\_\_\_

Age as of 8/01/06: \_\_\_\_

**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).

Age Group: U10: \_\_\_\_ U12: \_\_\_\_ U14: \_\_\_\_ H.S. \_\_\_\_

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 house team player must be a member of SoccerZone.

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**