



795 Camarillo Springs Rd. Ste.G*Camrillo CA 93012
805-484-7384

TEAM REGISTRATION FORM

1. Session _____ GENDER: M F

2. Indicate League you wish to register for:

Men:	Open	Intermediate.	Recreation	Rec. (Pizza)	Men +30	Men +40
Women:	Open /Prem.	Intermediate	Recreation	Rec (Pizza)	Women + 30 rec.	
Coed:	Open	Recreation B	Recreation C	Coed +30 recreation		

TEAM NAME _____ DATE _____

TEAM MANAGER _____ (18+) PH: (H) _____ (W) _____ (C) _____

MAIL ADDRESS _____ Email _____ Text _____

DATE OF BIRTH _____

AST. MGR (IF YOUR ARE NOT AVAILABLE WE NEED A SECOND PLAYER CONTACT:

AST. MGR. NAME _____ PHONE (H) _____ (W) _____ (C) _____

PLEASE RATE YOUR TEAM'S OVERALL SKILL LEVEL: (A is the best) A ___ B ___ C ___ D ___

DO YOU NEED UNIFORMS? _____ TEAM COLOR: _____

OTHER REQUESTS: _____

Policies and Guidelines: please ask staff for complete guidelines and SFL/US indoors Laws of the Game.

1. Only Club members may register and only Club members can be placed on a team roster and/or participate at this facility.
2. All members and person entering the field and/or entering the player's box must sign a waiver.
3. A \$200. Deposit is due with this registration form. Deposit covers referee fees and \$50.00 of your team fee.
4. You must submit roster before first game. You may add to roster until the third game
5. Please register carefully. There are ABSOLUTELY NO REFUNDS!
6. Balance of team fees is due by first game. At a minimum you must reduce your team fees to half of the total team fees.
7. If Team fees are not paid in full by the start of the third game you will not be allowed to take the field.
8. First game schedules will be available for teams that have paid in there deposit. Schedules will be given to teams that are paid in full. Please be aware that the schedule cannot go "HARD" until all teams have paid.
9. Unless stated otherwise. Minimum age for adult league play is 16 + years of age.
10. Members must carry ID and show it to the referee at start of games.
11. All players under 18 years of age must get waivers signed by a parent or guardian.
12. All teams will play one to two games per week depending on the league size.
13. Please be aware that circumstances may create situations where teams may have to play on alternate days.
14. SFL reserves the right to relegate teams whose skill level are not conducive to the level of play of the division they are playing in.

I agree to abide by the Soccer for Life Guidelines and conduct of play and to discuss league rules and guidelines with my team. I will discourage rough play and I am aware that Soccer For Life has a zero tolerance policy in regard to unsportsman-like conduct on and off the field.

_____ Date _____
Managers/Coaches Signature

Team Fee: _____ Referee Fees _____

Deposit/ payment made \$ _____ Staff int. _____

Cash _____ Check _____ (check #) Credit card# _____ exp: _____