



ALL PRO

All Pro Sports Center
161 West River Road, Waterville, Maine 04901

FIELD HOCKEY REGISTRATION WINTER LEAGUES 2009-2010

DATE	TEAM COACH	TEAM NAME
SESSION THREE 2009-2010	Middle School Age Group <input type="checkbox"/> [Sunday mornings/afternoon] *Begins: 28 th February*Ends 04/18/2010 High School Age Group <input type="checkbox"/> [Sunday mornings/afternoon] * Begins: 28 th February*Ends 04/18/2010	
	Coach's address Street/Road City/Town State/Zip	
Coach's home and/or Work phone		
Coach's Email Address		
Coach's cell phone Emergency use only		
METHOD OF PAYMENT		
LEAGUE FEE: \$600 Minimum of 8 games No refunds for snow days	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK check number: _____ (checks payable to "All Pro Sports Center") PLEASE FORWARD PAYMENT TO: ALL PRO SPORTS CENTER 161 WEST RIVER ROAD, WATERVILLE, ME 04901 Tel: 207-877 6666, E-mail: INFO@ALLPROSPORTSCENTER.COM (Please note: returned checks will be subject to \$30 administration charge)	
LEAGUES START: SUNDAY, 8th NOVEMBER 2009		
Team coach or representative's affidavit: The information submitted here and on my roster form and insurance waiver form is correct to the best of my knowledge. I will notify All Pro Sports Center if I discover at any time that any of the information provided by me is incorrect or inaccurate. Signature _____ Date _____		
This is form #1 of two that must be submitted for your team to be registered for any session at All Pro Sports Center. Please ensure that you submit forms #1 and #2 and your \$600 non-refundable fee when you register your team. Only teams, who have completed both forms and paid in full by specified date, will be admitted.		

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2009-2010 FIELD HOCKEY TEAM ROSTER FORM SESSION THREE: COMMENCING SUNDAY, 28th FEBRUARY 2010

MIDDLE SCHOOL
HIGH SCHOOL:

PLEASE FILL THIS FORM IN COMPLETELY

We know that this is not always easy, but your help in completing this form is essential to the professional operation of All Pro Sports Center.

PLEASE PRINT CLEARLY

TEAM COACH: _____ TEAM NAME: _____

PHONE: _____ EMAIL: _____

PLAYER'S FIRST AND LAST NAME	DATE OF BIRTH	HOME PHONE	E-MAIL ADDRESS <i>PLEASE PRINT CLEARLY</i>	WAIVER SIGNATURE <i>PARENT/GUARDIAN TO SIGN BELOW IF CHILD IS UNDER 18 YEARS</i>
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WAIVER: By my signature above I agree to hold harmless in the event of an injury or accident All Pro Sports Center, their heirs and assigns, the organizer of this league, the manufacturer of any and all equipment used in conjunction with this or any other sport in which I am a participant at All Pro Sports Center, Maine. I further acknowledge that I am aware that this sport is a contact sport and that there is a real chance for injury stemming from play or any event associated with this league and its participants.