



Indoor Family Sports & Entertainment Complex

# Indoor Soccer League Registration Form

## Teams Now Forming!!

### Open to boys and girl's ages 4-10

### Starting in January 2018

2850 Weir Avenue,  
Weirton, WV 26062

Office: (304) 914-3248

Fax: (304) 914-3734

**\$50 per player \$40 for sibling in the same household**

Players Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Players Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age as of November 1<sup>st</sup>, 2017 \_\_\_\_\_ Birthday: \_\_\_\_\_

Have you played before? Y N Where? : \_\_\_\_\_

I, \_\_\_\_\_ (parent or guardian), would like to help  
\_\_\_\_ Coach \_\_\_\_ Asst Coach \_\_\_\_ Team Parent \_\_\_\_\_ Other

Requests: Coach: \_\_\_\_\_ Team Mate: \_\_\_\_\_

T-Shirt Size: (Circle One): C Sm, C Med, C Lg, Ch XL  
A Sm, A Med, A Lg, A XL, A XXL

I, the parent/guardian of the registrant give my consent for the registrant to participant in **KRAZY BOUT SPORTZ INDOOR SOCCER LEAGUE**. I hereby release, discharge and or otherwise indemnify **KRAZY BOUT SPORTZ, their employees and agents, KBS volunteers, Coaches, Co-Coaches, and other support team parents both on and off the field, against any claim or on behalf of the registrant. I take full responsibility for any injuries incurred or resultant death.** In case of an emergency, call our home. If I cannot be reached, I give my consent for emergency medical care prescribed by a licensed doctor of Medicine or doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of the registrant. I understand that insurance will not be furnished by **KRAZY BOUT SPORTZ**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Indoor Soccer League Registration Form

Please mail or drop this form off to *Krazy Bout Sportz.*