

### Hempfield Indoor Soccer League

Team Name: \_\_\_\_\_

Uniform Color: \_\_\_\_\_

Alternate Color: \_\_\_\_\_

Age Group: \_\_\_\_\_

Girls \_\_\_\_\_ Boys \_\_\_\_\_ (Check One)

### TEAM CAPTAIN/ COACH

Name	
Address	
Email	
Phone	

First Name	Last Name	Address	Zip Code	Home Phone	Cell Phone	Date of Birth

I hereby agree to play in the Hempfield Indoor Soccer League at the Hempfield Township Athletic Complex. I am willing to act as a contact for my team until further notice with an active email address and phone number. I have read all the rules and regulations pertaining to the Hempfield Indoor Soccer League and agree for myself and team members to follow them. I understand that this league follows a no-tolerance policy and if at any point behavior or conduct is questioned the Director and referees have the ability to remove myself or any member of the team from the league. I understand and accept the rules and regulations on behalf of the team.

Captain's Signature: \_\_\_\_\_

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