

WOMENS OPEN

S.M. SportsZone Registration / Roster Form

Team Name _____	League Fee <u>800.00</u>
Sport _____	Session / Year _____
Team Contact Name _____	Email Address _____
Contacts Mailing Address _____	City / State / Zip _____
Contacts Home Phone _____	Work / Cell Phone _____

By my signature below, I agree to hold S.M. SportsZone, Inc., all heirs and assigns, and all manufacturers of equipment and materials associated with the properties of S.M. SportsZone, harmless in the event of injury or accident while I or my child, is a participant in any sport, league, or activity at S.M. SportsZone

	Print Player Name	Phone	Email Address	DOB	Signature, parent, if under 18
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

All players must have a corresponding signature with their name. In lieu of a parent signature, a coach, team parent, team administrator, ect., may sign if they are willing to accept liability on the event of an accident or injury to a player. COACH: By your submission of this form, you take full responsibility for any player on your team whose name and signature appear here.

Payment Information

Payment by Credit Card	
(circle one)	
VISA / MasterCard / Discover	
Card Number	
/ / / /	
Expiration Date: /	

Payment by Check	
ck number:	_____
ck amount:	_____
Payment by Cash	
Amount:	_____

S.Z. Staff Only

Team Discounts (Please List and Initial)