



YOUTH LEAGUE REGISTRATION (To be filled out by INDIVIDUAL or COACH)

Player/Coach's (if signing up as a team)

First Name _____ Last Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work/Daytime Phone _____ Email _____

Date of Birth (mm/dd/yyyy) _____ Male Female
Applicant: Team Individual
Sport: Basketball Baseball Soccer

Emergency Contact Name _____ Relation _____

Contact Home Phone _____ Contact Work Phone _____

Physician's Name _____ Physician's Phone _____

Known allergies / Physical limitations _____

If participant is under age 18, this information is required:

Mother's Name _____ Home Phone _____ Work Phone _____

Father's Name _____ Home Phone _____ Work Phone _____

School _____

Adult(s) and/or person(s) authorized to pick up child: _____

Level of play desired:

SOCCER Recreational (Individual or Team): U-7 U-9 U-10 U-12 U-14 U-16
Practice Day Available for U-7 & U-9: Monday
 Competitive (Teams Only): U-8 U-10 U-12 U-14 High School

BASKETBALL 12 & under

TEAM APPLICATION (To be filled out by TEAM LEADER ONLY)

Please send this application with a \$400 deposit. **Team deposit is non-refundable and non-transferable.** Balance of payment is due prior to league start date. Please make checks payable to Chelsea Piers, L. P. or fill out credit card information below.

Team Name _____ How many years has your team played together? _____

Last league played in together _____ Year _____

PLEASE HAVE ALL TEAM MEMBERS READ AND COMPLETE THE BACK OF THIS FORM.

INDIVIDUALS/COACHES: PLEASE READ THE BACK OF THIS FORM, COMPLETE AND SIGN PLAYER #1.

PAYMENT METHOD Amex Discover MasterCard Visa Cash Check

Credit Card Number

Expiration Date

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Signature of Cardholder _____ Date _____

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Fees Paid _____ Date _____ Receipt Number _____ Staff _____

Team Roster (This form must be read, completed in full and signed by all parent/guardians.)

Participant Waiver and Release: Each team member and/or participant (hereafter referred to as "Participant") listed on the roster below, or added to the roster at a later date, intending to be legally bound, hereby certifies that he/she is physically fit and in normal health and has not been otherwise informed by a physician that he/she is incapable of participation in any sport leagues/clinics/tournaments at the Field House at Chelsea Piers (hereafter referred to as "Sports", including, but not limited to baseball, soccer and basketball). Each participant agrees to abide by all Field House rules. During the season photographs may be taken for promotional use. I acknowledge and give consent to Chelsea Piers at its sole discretion to use these pictures for promotional material. Each participant acknowledges that he/she is aware of the risks inherent in participation in sports (both practice and competition); that sports are physical and can require considerable running, starting, stopping and physical exertion, in heat and humidity, and could potentially lead to injuries including, but not limited to, overheating, dehydration, limb injuries and possible permanent disability and death; each participant agrees to assume all those risks and to waive any and all rights to claim for injuries, loss or damages arising out of his/her participation in sports at the Field House at Chelsea Piers. Each participant is responsible for conducting him/herself safely and at a level consistent with his/her skill. Each participant further certifies that he/she maintains adequate health insurance to cover any injuries occurring as a result of participation in sports at the Field House at Chelsea Piers. If, while participating in a sport at the Field House at Chelsea Piers, a participant hurts another person or damages the property of another individual, he/she will pay that person any resulting cost. By signing below, participant acknowledges understanding and reading of this waiver in full.

| Player Name (Print) | Parent Signature | Street & Zip | Ht. | Wt. | Age | Parent Email | Parent Phone |
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FOR OFFICE USE ONLY

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