



Registration Form - Let's Play Futsal - Experience The Excitement!

**DEADLINE TO REGISTER
3 WEEKS
BEFORE 1st GAME
FOR T-SHIRT
BY THE FIRST GAME!**

Session start dates, deadlines,
registration forms
and more information
are available
at our website at

www.insidesports.ws

Please make checks payable to Inside Sports.

**Mail to: Inside Sports
1685 Sutter Rd. Suite B
McKinleyville, CA 95519**

TEAM FORMATION

Minimum of 7, maximum of 10 players per team.
Players may sign up individually or as a team.
Team registration packets are available by calling
Inside Sports or going to www.insidesports.ws

FREE!

Select a team name and we will have it printed on the back of your
t-shirt for "NEW" Teams registering 7 players ON TIME.

**Questions: Call 839-6554
E-mail Info@InsideSports.ws**

Name of Player: _____ Male / Female Birthdate: _____ Registered before? Y N

Address: _____ City: _____ Zip: _____

Hm Ph#: _____ Wk Ph#: _____ Have you Moved? Y N (HUM)

Old Address: _____ **See website for additional Reg Forms**

Email: _____ (A DIVISION BECOMES COED IF FEWER THAN 4 TEAMS PER GENDER/AGE CATEGORY.)



Samoa Program _____
Scotia Program _____

T-Shirt Size: (circle one)
YOUTH: S M L
ADULT: S M L XL 2XL

**Late registrations will be accepted
on a first come, first serve basis
until leagues and teams are full.
T-shirts will be ordered 3 weeks
before start of session.**

CATEGORY	(check)
KinderFutsal (4 to 5 years)	_____
JuniorFutsal (5 to 6 years)	_____
U8 (6 to 7 years)	_____
U10 (8 to 9 years)	_____
U12 (10 to 11 years)	_____
U14 (12 to 13 years)	_____
U16 (14 to 15 years)	_____
High School League	_____
Coed Adult League	_____
COED	_____
Women's League	_____
Men's League	_____
Special class (list title)	_____

PLAYER EXPERIENCE (check one)

Beginner _____
(just starting to play soccer)

Intermediate _____
(plays on outdoor recreational team)

Advanced _____

PLEASE NOTE: Shin guards, athletic shoes,
soccer socks, & shorts are required. League
Team T-shirt provided.
Youth Leagues—Saturdays and Sundays TBA
Adult leagues Monday-Thursday nights TBA.

FEES: KinderFutsal/Juniorfutsal programs \$65.00
Youth: \$60.00 Adult Coed & Women's: \$60.00
Men's: \$70.00 (Make check payable to Inside Sports)
Amt of Pmt:\$ _____ Cash Check # _____
Mastercard Visa Exp. Date: _____
Card# _____

Adult Waiver Clause: "I acknowledge that I assume the risk for any
personal injury I sustain before, during, or after the
game/practice and will not hold liable my Team, Club, League,
State Association, Inside Sports or the U.S. Futsal Federation."
Signature _____ Date _____

Father's Name _____ Ph _____
Mother's Name _____ Ph _____
List any medical problems or prohibitions player has _____

Family Doctor _____ Ph _____
Emergency Contact _____ Ph _____
**CONSENT FOR MEDICAL TREATMENT (MINOR) As the Parent
or Legal Guardian of the above named player, I hereby give
consent for emergency medical care prescribed by a duly
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 my dependent.**
Signature _____ Date: _____
(Parent or Legal Guardian)

ARE YOU SIGNING UP AS A TEAM? Y N Coaches Name _____
Team Packets available at: www.INSIDESPORTS.WS or call 839-6554

PUBLICITY PHOTOS: I give my permission to have photos/and or videotapes taken of my
child's or my participation in Inside Sports programs for the purpose of advertising and
publicizing the organization and its programs/activities.
Signature _____ Date _____

SPECIAL REQUESTS: We will consider your request when forming teams. We cannot
guarantee your request will be accommodated. (Phone-in requests will not be
accepted.)
Request: _____ If we can't meet your request,
shall we cancel your registration? Y N

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by
the rules of the USFF, its affiliated organizations and sponsors. Recognizing the possibility
of physical injury associated with mini soccer and in consideration for the USFF
accepting the registrant for its Futsal (5-A-SIDE/Mini soccer) programs and activities (the
"Programs"), I hereby release, discharge, and/or indemnify the USFF, its affiliated organi-
zations and sponsor, their employees and associated personnel, including the owners of
gymnasiums and facilities utilized for the Programs, against any claim by or on behalf of
the registrant as a result of the registrants participation in the Programs and/or being trans-
ported to or from the same, which transportation I hereby authorize.
Name _____
Parent/Legal Guardian (please print)
Signature _____ Date _____