

REGISTRATION FORM FOR LIMA, OH



APEX SPORTS ZONE- SOCCER REGISTRATION FORM/WAIVER
NO PLAYER MAY PARTICIPATE UNLESS REGISTRATION/WAIVER FORM IS RECEIVED AND FULL PAYMENT HAS BEEN APPLIED**

PLEASE USE THIS FORM ONLY IF YOU ARE NOT ALREADY PART OF A TEAM

The Director of Soccer will be in contact with you (by email) at least 48 hours prior to the first game. If there are no teams looking for players, we will give you a full refund.

PLEASE SELECT DIVISION:
Select Division:
\$75 Per Player ___ U8 Co-Ed (7v7)
___ U10 Boys (6v6) ___ U10 Girls (6v6)
___ U12 Boys (6v6) ___ U12 Girls (6v6)
___ U14 Boys (6v6) ___ U14 Girls (6v6)
___ HS Boys (6v6) ___ HS Girls (6v6)
___ Adult Open (6v6) ___ Adult Recreational (6v6)

Session (CIRCLE): Nov - Dec Jan - Feb Mar - Apr

Participant First Name: Last Name:

First and Last Name of Participant Parent (if under 18)

Telephone (Mobile): () Email:

Birth Date: Gender: Promo Code:

In enrolling at Apex Sports Zone, participant understands that he/she attending the programs and using Apex Sports Zone and the facilities does so at his/her own risk. Apex Sports Zone and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises.

Signature: Date: Print Name

(Parent or Guardian Signature Required if Participant is Under 18)

Registration Deadlines for each session will be posted at ApexSportsZone.com
Pricing for league sessions, tournaments, and special events can also be found on the website
Please mail this completed form, with full amount due, to:
Apex Sports Zone, 4565 Elida Rd., Elida, OH 45807
Make checks payable to: Apex Sports Zone

STAFF INFORMATION ONLY

DATE AMOUNT PAYMENT METHOD CHECK #
(CHECK ONE) GUEST FULL REGISTRATION FACILITY MANAGERS INITIAL