

Complete the form below to register your team. Once you complete this form you can do the following:

Present in person and pay Print and mail with payment

FieldhouseUSA 6155 Sports Village Rd. Frisco, Texas 75034

Ph: 972-668-6207 fax: 972-668-0130
Registration email: registration@fieldhouseusa.com

www.fieldhous		Team Registration Form							Registration email: registration@fieldhouseusa.com									
Season/Month S	port/Program	League		Girl		Team Name Adult				Division Monday	(adult) i.e. o	ver 30		Age/Grade (youth) i.e. 4th grade or U-10				
PART 1 Team Info	ormation																	
Asst. Coach Last Name City PART 2 Team Roster Information Player Last Name City Parent Last Name Home Phone Visa Amx Disc MC Ca Player Last Name Home Phone Visa Amx Disc MC Ca Player Last Name City Parent Last Name Home Phone Visa Amx Disc MC Ca Player Last Name Home Phone Home Phone Player Last Name City Parent Last Name Home Phone		First Name								Add	Address							
City	Z	Zip			Wor	k:		Cell:			Email Add	dress:						
Asst. Coach Last Nam	ne		First N	ame						Add	dress							
City	Zip			Wor	k:		Cell:	Cell:			Email Address:							
PART 2 Team Ros	ART 2 Team Roster Information (if paying the team fee, individual payment not required. However, parents are still required to sign) Player 1																	
Player Last Name						First Name						Address:						
City		Zip			DO	B (mm/dd/yea	ar)		Age		Grad	е	School	ol Name				
Parent Last Name						First Name					L	Email:						
Home Phone	ne Phone Cell pho			Cell phone				Name on Card								\$		
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Uisa Amx Disc MC Cash Chk			k Ca	Card # / DL					CVV#			Exp Date		Signature	ignature:			
Player Last Name						First Name	P	Player 3				Address:						
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Uisa Amx Disc MC Cash Chk		k Ca	Card # / DL						CVV# E		Exp Date		Signature:					
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Player Last Name City Parent Last Name Home Phone Visa Amx Disc MC C C Player Last Name City Parent Last Name Home Phone Visa Amx Disc MC C C Player Last Name City Parent Last Name City Parent Last Name City Parent Last Name Home Phone Visa Amx Disc MC C C Player Last Name City Parent Last Name Home Phone Visa Amx Disc MC C C Player Last Name Home Phone Player Last Name Home Phone		Cell phone					Name on Card	ame on Card			1				\$			
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I, the player or coach, have received consent and am in agreement for all the following conditions. I understand the nature of sports and this player's experience. This player or coach is in good health and in proper physical condition to participate in sports activities. I release, discharge, covenant not to sue, and agree to indemnify, save, and hold harmless FIELDHOUSE USA (SPORTS VILLAGE OPERATING I, LLC) from all liability claims, demands, losses or damages on this player's account caused or alleged to be caused in whole or in part by the negligence of FIELDHOUSE USA (SPORTS VILLAGE OPERATING I, LLC) or otherwise. I further agree that if, despite this release, I, the player or coach, or anyone on the player's or coaches behalf makes a claim against FIELDHOUSE USA (SPORTS VILLAGE OPERATING I, LLC), I will indemnify, save, and hold harmless FieldhouseUSA (SPORTS VILLAGE OPERATING I, LLC) from any litigation expenses, attorney fees, loss liability, damage, or cost that may incur as a result of any such claim. In addition to the property of the property. tion, I agree to TERMS OF USE of this website.

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Player Last Nam	ie				First N	ame					Address:						
City	Zip					dd/year)		Age Gra			ı						
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LXI		- Cara Fiola	or Orgina	······································													
- RETURNED C	L CHECKS ARE SU		FEE														
- REFUND POL	ICY: \$30.00 ADM	IN FEE CHARGE OF RDLESS OF AGE A UTH CARDS \$18.00	THE APPR	soco	CER COA	CHES MUST 10.	HAVE A	A VALID NORT	H TEX	AS ID CAR	RD WHIC					R ANY REASON.	
		Φ	FieldhouseUSA C							_							
#of players		Total Team Fee paid \$			Date Received					Date Entered							
Initial		Comments															

Team Registration Page 2

Sport -

Team Name-