



www.the422sportsplex.com ♦ 1400 Industrial Hwy ♦ Pottstown, PA 19464 ♦ 610.323.9600

Youth Futsal League Registration

Session Start: _____

Please read the following information carefully. Teams will play 7 or 8 games over a ten week period. Games will be played on Saturdays between 9am and 2pm. The first week will be a clinic for players and coaches.

Payment Information

Please return this form along with a \$150 deposit to hold your team's league spot. Leagues are filled on a first come, first serve basis. Acceptable forms of payment are check, cash, Visa or MasterCard.

Teams: _____ (see website)

Full payment is due by your first scheduled game. If full payment is not received by the first game, a \$50 late fee will be added to your invoice. If payment is not received by the second week, that game will be forfeited. If payment is not received by the third game, teams will not be allowed to play the remainder of the season.

Other Information

Please note that teams are required to have jerseys with permanent numbers. The 422 SportsPlex can provide numbered t-shirts for \$10 per shirt. Additional costs will be added for XXL and above. Most colors are available for t-shirts and numbers. Please let us know in advance if you want these jerseys.

Note: Fighting or any other offensive behavior will not be tolerated. Teams and/or individuals can and will be thrown out of the league (and possibly banned from the facility), with no money refunded.

Team Information

The 422 SportsPlex reserves the right to place teams in any division they choose. Teams will not be allowed to move out of the divisions in which they are placed. All requests for byes must be made before the schedule is posted. After the schedule is posted, rescheduling requests will not be honored. **Before your first game, we must receive a completed roster/waiver form for each team.** All players are responsible for knowing the house rules. Please check out the website for a copy.

Team Name _____ Skill Level (circle one): Beginner Intermediate Advanced

League Start Date _____ Age Group (circle one): U10 U12 U14 U16 High School

Coach/Team Manager Information

Name _____ Home Phone _____

Address _____ Work Phone _____

_____ Cellular Phone _____

Facsimile _____ Email _____

Other Contact Name _____ Phone Number _____

Does your team need extra players? _____ If yes, how many extras do you need? _____

Refund Policy: If games are cancelled due to inclement weather or any other unforeseeable circumstance, we will attempt to reschedule play at a later date. However we cannot guarantee that cancelled games will be rescheduled. All teams are responsible for all SportsPlex rules, which can be found on our website or ask management for a copy.

For Office Use Only: Received By _____ Date _____ Cash Check (# _____) Charge (circle) MasterCard Visa
Credit Card # _____ Exp _____ Code _____ Amount _____