



www.fieldhouseusa.com

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

Team Registration Form

Season/Month	Sport/Program	League <input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Adult	Team Name	Division (adult) <i>i.e. over 30</i> <i>Monday</i>	Age/Grade (youth) <i>i.e. 4th grade or U-10</i>
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PART 1 Team Information

Coach Last Name		First Name		Address	
City	Zip	Work:	Cell:	Email Address:	
Asst. Coach Last Name		First Name		Address	
City	Zip	Work:	Cell:	Email Address:	

PART 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	DOB (mm/dd/year)	Age	Grade	School Name
Parent Last Name		First Name		Email:	
Home Phone	Cell phone	Name on Card		\$	
<input type="checkbox"/> Visa <input type="checkbox"/> Amx <input type="checkbox"/> Disc <input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Chk		Card # / DL	CVV#	Exp Date	Signature:

Player 2

Player Last Name		First Name		Address:	
City	Zip	DOB (mm/dd/year)	Age	Grade	School Name
Parent Last Name		First Name		Email:	
Home Phone	Cell phone	Name on Card		\$	
<input type="checkbox"/> Visa <input type="checkbox"/> Amx <input type="checkbox"/> Disc <input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Chk		Card # / DL	CVV#	Exp Date	Signature:

Player 3

Player Last Name		First Name		Address:	
City	Zip	DOB (mm/dd/year)	Age	Grade	School Name
Parent Last Name		First Name		Email:	
Home Phone	Cell phone	Name on Card		\$	
<input type="checkbox"/> Visa <input type="checkbox"/> Amx <input type="checkbox"/> Disc <input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Chk		Card # / DL	CVV#	Exp Date	Signature:

Player 4

Player Last Name		First Name		Address:	
City	Zip	DOB (mm/dd/year)	Age	Grade	School Name
Parent Last Name		First Name		Email:	
Home Phone	Cell phone	Name on Card		\$	
<input type="checkbox"/> Visa <input type="checkbox"/> Amx <input type="checkbox"/> Disc <input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Chk		Card # / DL	CVV#	Exp Date	Signature:

Player 5

Player Last Name		First Name		Address:	
City	Zip	DOB (mm/dd/year)	Age	Grade	School Name
Parent Last Name		First Name		Email:	
Home Phone	Cell phone	Name on Card		\$	
<input type="checkbox"/> Visa <input type="checkbox"/> Amx <input type="checkbox"/> Disc <input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Chk		Card # / DL	CVV#	Exp Date	Signature:

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, I agree to [TERMS OF USE](#) of this website.

Player 6							
Player Last Name			First Name			Address:	
City	Zip	DOB (mm/dd/year)		Age	Grade	School Name	
Parent Last Name			First Name			Email:	
Home Phone		Cell phone		Name on Card			\$
<input type="checkbox"/> Visa <input type="checkbox"/> Amx <input type="checkbox"/> Disc <input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Chk		Card # / DL		CVV#	Exp Date	Signature:	

Player 7							
Player Last Name			First Name			Address:	
City	Zip	DOB (mm/dd/year)		Age	Grade	School Name	
Parent Last Name			First Name			Email:	
Home Phone		Cell phone		Name on Card			\$
<input type="checkbox"/> Visa <input type="checkbox"/> Amx <input type="checkbox"/> Disc <input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Chk		Card # / DL		CVV#	Exp Date	Signature:	

Player 8							
Player Last Name			First Name			Address:	
City	Zip	DOB (mm/dd/year)		Age	Grade	School Name	
Parent Last Name			First Name			Email:	
Home Phone		Cell phone		Name on Card			\$
<input type="checkbox"/> Visa <input type="checkbox"/> Amx <input type="checkbox"/> Disc <input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Chk		Card # / DL		CVV#	Exp Date	Signature:	

Player 9							
Player Last Name			First Name			Address:	
City	Zip	DOB (mm/dd/year)		Age	Grade	School Name	
Parent Last Name			First Name			Email:	
Home Phone		Cell phone		Name on Card			\$
<input type="checkbox"/> Visa <input type="checkbox"/> Amx <input type="checkbox"/> Disc <input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Chk		Card # / DL		CVV#	Exp Date	Signature:	

Player 10							
Player Last Name			First Name			Address:	
City	Zip	DOB (mm/dd/year)		Age	Grade	School Name	
Parent Last Name			First Name			Email:	
Home Phone		Cell phone		Name on Card			\$
<input type="checkbox"/> Visa <input type="checkbox"/> Amx <input type="checkbox"/> Disc <input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Chk		Card # / DL		CVV#	Exp Date	Signature:	

Full Team Payment

Fee Paid	Name on Credit Card (print please)	<input type="checkbox"/> Visa <input type="checkbox"/> Disc <input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> Amx <input type="checkbox"/> Chk	Credit Card # or DL#
EXP	CVV	Card Holder Signature	

- RETURNED CHECKS ARE SUBJECT TO A \$30.00 FEE

- REFUND POLICY: \$30.00 ADMIN FEE CHARGE OF THE APPROPRIATE SPORT'S FEE PRIOR TO REGISTRATION CLOSING. AFTER REGISTRATION CLOSING, NO REFUNDS FOR ANY REASON.

- ALL SOCCER PLAYERS REGARDLESS OF AGE AND YOUTH SOCCER COACHES MUST HAVE A VALID NORTH TEXAS ID CARD WHICH CAN BE OBTAINED AT FHUSA. ADULT CARDS ARE \$25.00, YOUTH CARDS \$18.00 AND COACHES CARDS \$10.

FieldhouseUSA Office Use Only

#of players		Total Team Fee paid	\$	Date Received		Date Entered	
Initial		Comments					