

# FT WAYNE WINTER INDOOR SOCCER

## Boys & Girls

Presented by: Inner City Soccer

November 15 - December 20, 2011 **\*\*All Games on Tuesdays\*\***

Exhibition Games on December 20<sup>th</sup> 2011

Indoor at Lindley Elementary School

**School's Address: 2201 Ardmore Avenue, Ft Wayne, IN 46802**

**INDIVIDUAL Cost: \$30.00**

**Registration deadline: November 16<sup>th</sup> 2011 (Maximum 8 players per team)**

Contact : Ana Herman : 260-750-1917, [annie@innercitysoccer.com](mailto:annie@innercitysoccer.com) habla español

**K - 1<sup>st</sup> grader will continue building their motor and technical soccer skills in a positive, nurturing environment  
2<sup>nd</sup> Grade and older will play in a recreational league each week**

**Registrations with Payment can be dropped off at Indian Village and Lindley Elementary School**

**Or mail to:**

**Inner City Soccer, Inc. P.O. Box 11021 Ft. Wayne, IN 46855.**

Phone: (260) 432-7447; Download Application: [www.innercitysoccer.com](http://www.innercitysoccer.com)

(Keep this portion)

**Sign up deadline. November 16<sup>st</sup> - Space is limited**

### INDIVIDUAL REGISTRATION

To register:

1. Complete registration form with payment and mail to address above
2. No refunds or credits will be given once you have been placed on a team
3. \$5 late fee will be charged if league fees are not paid in full prior to the 1<sup>st</sup> game

NAME: \_\_\_\_\_ AGE: \_\_\_\_ D.O.B: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ SEX: M/F

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ E-Mail: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

### RELEASE AGREEMENT & AUTHORIZATION:

This is to certify that all information supplied herein is accurate to the best of my knowledge. I hereby release and discharge Inner City Soccer, Inc. of Fort Wayne and all its members, representative, coaches, referees or designates of the Corporation and all sponsors from any and all liability from any claims I have or may have because of injury to my child (said youth) as a participant prior to, during and after the soccer league. In case of any accident or illness I give permission for my child to be given medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred by my child at local hospital or local Clinic.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Visit our website @ [innercitysoccer.com](http://innercitysoccer.com) for facility rules, schedules and other details