

# REGISTRATION FORM FOR APEX SIDNEY



**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:  
\$65 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. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises. She/he does hereby fully and forever release discharged hold harmless Apex Sports Zone, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by Apex Sports Zone. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at Apex Sports Zone to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize Apex Sports Zone and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films. No refunds will be given except if we cannot find a team for the registrant.

**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, 1425 N. Vandemark Rd., Sidney OH 45365**  
**Make checks payable to: Apex Sports Zone**

**STAFF INFORMATION ONLY**

<b>DATE</b> _____	<b>AMOUNT</b> _____	<b>PAYMENT METHOD</b> _____	<b>CHECK #</b> _____
<b>(CHECK ONE) GUEST</b> _____	<b>FULL REGISTRATION</b> _____	<b>FACILITY MANAGERS INITIAL</b> _____	