



**OFF The WALL SPORTS**

1423 Chase Court Carmel, IN 46032 - (317) 580-5900 FAX: (317) 580-5905

[www.offthewallsports.net](http://www.offthewallsports.net)

Presented By:



Welcome! Off The Wall Sports would like to WELCOME YOU to join the fun for our Rec Plus Indoor Soccer League for the 2009/10 season. **Session dates:** Fall Session: November 1 - January 15 Winter Session: January 15 thru March 31

<b>Player First Name:</b>	<input type="text"/>	<b>Player Last Name:</b>	<input type="text"/>
<b>Player Gender:</b>	<input type="text"/>	<b>Player Date of Birth:</b>	<input type="text"/>

M or F

Format mm-dd-yyyy

You must be invited to join any Rec Plus team. In order to insure that you were invited, you must enter the secret code. The secret code can be obtained from the team manager.

<b>Team Code:</b>	<input type="text"/>	<b>Team Manager:</b>	<input type="text"/>
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Please note that all players must certify their date of birth and that they do not currently play on any travel soccer team. Date of Birth determines eligibility for the team division. Travel players are not permitted in the Rec Plus program. Thank you for your cooperation.

Please ✓

Check here to certify that your child's birth date has been entered correctly.

Check here to certify that your child is not currently playing on a travel soccer team.

<b>Family Email:</b>	<input type="text"/>	<b>Family Password:</b>	<input type="text"/>
<b>Parent 1 First Name:</b>	<input type="text"/>	<b>Parent 1 Last Name:</b>	<input type="text"/>
<b>Parent 2 First Name:</b>	<input type="text"/>	<b>Parent 2 Last Name:</b>	<input type="text"/>

Parent 2 Optional

<b>Address:</b>	<input type="text"/>	<b>City:</b>	<input type="text"/>
<b>Zip:</b>	<input type="text"/>	<b>Phone :</b>	<input type="text"/>

Please submit form with check for \$125 made payable to Off The Wall Sports to:

**Off The Wall Sports  
1423 Chase Court  
Carmel, IN 46032.**

Waiver of Liability: I acknowledge that Off The Wall Sports, LLC may compile address labels and lists and may utilize photographs of the named individual. I consent to these uses of my name, address and likeness and hereby waive all rights to compensation for their use in the promotion and/or operation of Off The Wall Sports, LLC.

To induce Off The Wall Sports, LLC to accept registration and permit participation in Off The Wall Sports, LLC sports programs, I hereby give my consent and agree to release, indemnify and hold harmless Off The Wall Sports, LLC, its officers, officials, coaches, employees and representatives from any claim arising out of injury to the named individual. I also hold harmless Off The Wall Sports, LLC, its officers, officials, coaches, employees and representatives from and against any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain medical treatment based on religious or philosophical beliefs or otherwise.

I understand that as a participant in Off The Wall Sports, LLC sporting events that I must abide by all rules, regulations and philosophies of Off The Wall Sports, LLC.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_