



OFF The WALL SPORTS

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

www.offthewallsports.net

Presented by



Indiana University Health

and



TOM WOOD
AUTOMOTIVE GROUP

Rec Plus Individual Player House Team Registration

Off The Wall Sports offers an indoor soccer league for individuals 6-14 years old. Rec Plus is a unique indoor soccer program designed just for recreational players. That's right! Indoor soccer is not just for travel players anymore! Now you can join in the fun all winter long. **No team, no problem!** Sign up as an individual and we will place your child on a house team! **The league consists of 2 practice sessions and 8 games!** Space is limited, so be sure to sign up soon!

Session Dates:

Fall October 24 – January 16 **Winter** January 17 – March 31

Divisions Available (Age cutoff is August 1st):

Under 8 COED - Tuesday Nights Under 8 COED - Sunday's Under 10 Boys – Saturday's
Under 10 Girls – Sunday's Under 12 Boys – Tuesday Nights Under 12 Boys – Saturday's
Under 12 Girls – Sunday's Under 14 COED – Monday Nights

Format: Under 8 games are played indoors at Off The Wall Sports on Field 3 (middle field). The format is 5 vs. 5. Players must be UNDER 8 as of August 1st, 2011. Coaches are parent volunteers.

Under 10, Under 12 & Under 14 games are played indoors at Off The Wall Sports on Field's 1 & 2. The format is 7 vs. 7. Depending on the division, players must be Under 10, 12 or 14 as of August 1st, 2011. Coaches are parent volunteers.

Fee: \$125 per player. No additional fees.

Fee includes: Player Membership, 2 practice sessions, 8 games, team t-shirt

No Spectator Admission!



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Rec Plus Individual Player – House Team Registration

Fees: \$125 per player (Must be paid in full to register). There are no additional fees.

Select Season (circle one): Fall October 24 – January 16 or Winter January 17 – March 31

Select Division (circle one): Under 8 COED - Tuesday Nights Under 8 COED - Sunday's

Under 10 Boys – Saturday's Under 10 Girls – Sunday's Under 12 Boys – Tuesday Nights

Under 12 Boys – Saturday's Under 12 Girls – Sunday's Under 14 COED – Monday Nights

Player First Name: _____ **Player Last Name:** _____

Player Gender: Male or Female **Player Date of Birth:** ____ / ____ / ____

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.

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*.

*Players carrying valid IYSA Player Cards are considered travel players.

Parent 1 First Name: _____ **Parent 1 Last Name:** _____

Parent 2 First Name: _____ **Parent 2 Last Name:** _____

Parent 1 or 2 would be willing to volunteer as (circle one): Head Coach Assistant Coach

Address: _____ **City:** _____

Zip Code: _____ **Phone Number:** _____

Family Email (only form of communication): _____

Credit Card Number (Master Card, Visa or Discover): _____ - _____ - _____ - _____

Expiration Date: ____ / ____

Unless another form of payment has been received, this credit card will automatically be charged. You must be paid in full to register.

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** _____