



League Registration Form

(Please complete the form in its entirety and mail, e-mail or fax to Courts 4 Sports)

Team Name: _____ Age Group: _____

Boys or Girls (Circle one)

Winter Spring Summer Fall (Circle one)

Competitive or Recreational (Circle one)

Coach Name: _____

Coach Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address (required): _____

Contact Name: _____ Phone: (____) _____

Day(s) of the week team **Unable** to Play (Please specify): _____

I hereby certify that the members of the team meet the age requirements stipulated by Courts 4 Sports. I also certify that each of the named players on the attached team roster form is covered by a proper accident policy of insurance. In consideration of the acceptance of this team roster, I hereby waive and release any and all damages incurred at the said league for the team, heirs, executors, administrators, assignees and myself.

Coach's Signature: _____ Date: _____

Courts 4 Sports
854 Reading Road
Mason, OH 45040
Phone: (513) 770-0667
Fax: (513) 770-5504

