

ADULT FUTSAL LEAGUES

TEAM APPLICATION

ALL LEAGUES: \$400 - 10 Games

Team Name Today's Date
Jersey Colors
Team Manager
Address
City/Zip
Day Phone () Evening Phone ()
Email
Assistant Manager
Day Phone () Evening Phone ()
Email
Team Manager: I accept the responsibility that all players or parents of minor players on this team have signed the separate team roster and I will take full responsibility that only rostered players will play in any games or practices held at California Family Fitness. If any person plays on this team without signing the release, I as team manager, take full responsibility and release California Family Fitness of any responsibility for said person. If this team chooses to play in additional CFF leagues after this one and there is a change in manager, I agree to make sure that manager fills out a new registration form. If a new form is not completed, I take full responsibility for everyone on that team and the financial obligations that go with it. In the event that a make up game needs to be scheduled, my team agrees to play on a day that may not be our normally scheduled league day. I have read the League & Player Guidelines, the Release of Liability and Assumption of Risk Agreemer I fully understand the terms and that I have given up substantial rights by signing it. I sign it freely and voluntarily without any inducement. I understand that a \$250 non-refundable deposit is required at the time of registration and that my team is required to be paid in full by the end fo the second game to remain in the league. I agree to all the rules set forth by California Family Fitness and understand that California Family Fitness has the right at any time to create or modify rules to ensure the safety of players, fans, officials, and staff. As a Team Manager's Signature