



2017 FALL MEGA SOCCER

Registration and Fees due by: **July 26th**

After- 7/26 + \$15 fee (until teams are filled)

League Games begins: **September 9th**

Contact SportZone
Phone: 267-4658
Fax: 267-4597
Website: www.isportzone.com

Return Registrations to: SportZone 3909 SW Burlingame Rd, Topeka, KS 66609
Refund Fee of \$20 will be charged on ALL requests. \$30 fee on all returned checks.
No refunds after August 25th

This is the application for the 2017 Fall MEGA Soccer! The goals of MEGA sports are to emphasize good sportsmanship, quality instruction, and a relaxed atmosphere. Soccer leagues are open to boys and girls ages 4-12yrs. Games will be played primarily on Saturdays and/ if needed a weeknight or Sunday afternoon may be used. Volunteer coaches are necessary for this league to be a success. Players will be placed on rosters only when his or her application and fee have been received by the office. Please send team and preferred teammate applications in together to ensure placement together. Online registration is now available for both individual and team registration. *Team registration online may result in a discounted fee.* Coaches are responsible for turning in shirt sizes for the team if registered online.

Last Name _____ First Name _____
M/F _____ Address _____ City _____ Zip _____
Email Address _____ Age _____ Date of Birth ____/____/____
Parents' Names _____ School _____
Home Phone _____ Work Phone _____ Cell Phone _____
Preferred Teammate _____ Preferred Coach _____
Parents interested in Coaching- Yes ___ No ___ Will Assist ___ ****Head Coaches may Qualify for a Discount on their Fee****

DIVISION & FEES		Early Deadline: Jul 26th		**Copy of Birth Certificate Required on File	
FORMAT	AGE	BIRTHDATE	Early	Late	COST
BOYS- 4 V 4*	UNDER 6	No Goalie (8/1/11 to 7/31/13)	\$54	\$69	_____
GIRLS- 4 V 4*	UNDER 6	No Goalie (8/1/11 to 7/31/13)	\$54	\$69	_____
BOYS- 6 V 6*	UNDER 8	w/ Goalie (8/1/09 to 7/31/11)	\$59	\$74	_____
GIRLS- 6 V 6*	UNDER 8	w/ Goalie (8/1/09 to 7/31/11)	\$59	\$74	_____
BOYS- 7 V 7*	UNDER 10	w/ Goalie (8/1/07 to 7/31/09)	\$64	\$79	_____
GIRLS- 7 V 7*	UNDER 10	w/ Goalie (1/1/07 to 7/31/09)	\$64	\$79	_____
COED- 9 V 9*	UNDER 12	w/ Goalie (8/1/05 to 7/31/07)	\$64	\$79	_____

*Division Format may be altered, if necessary. Individuals may play up a level but not down a level.

Shirt size

YXS _____
YS _____
YM _____
YL _____
YXL _____
AS _____
AM _____
OTHER _____

My signature acknowledges I am the parent or legal guardian of the above listed minor. I understand medical insurance is not provided with SportZone and NKFL programs. I release the SportZone and NKFL from any and all liability whatsoever resulting from participation in SportZone and NKFL activities. I authorize those in attendance to act according to their best judgment in emergency situations requiring medical attention. I hereby waive and release the SportZone and NKFL, it's staff, agents, sponsors, and/or coaches from any and all liability that may occur from accident, injury or illness sustained by my son/daughter during participation in these activities. I understand that no refunds will be applied within two weeks of the beginning date of a program. I understand behavior resulting in removal from a program does not constitute refund criteria. I understand that refunds, when applied, will have a \$20 administrative fee accessed. I understand that if equipment is issued in conjunction with any program, failure to return said equipment within 2 weeks of the end of the program will result in legal action. I understand that any photographs, medals, awards trophies, etc., associated with programs may be held for 30 days after the end on the activities at which time, if not claimed, will be disposed of. I understand returned checks will be accessed a \$30 processing fee. I understand that photographs of all SportZone, NKFL, MEGA, Shunga activities and activities conducted by leased tenants will be taken and may be used for brochures, promotions and advertising without permission. I acknowledge all information and waivers contained herein.

Parent/Guardian Signature _____ **Date** _____