

## SVICSA TEAM REGISTRATION FORM 2006-7 SEASON

Team \_\_\_\_\_ over 40 / over 50  
(circle one)

Colours \_\_\_\_\_ Home Field \_\_\_\_\_  
shirt shorts

Preferred Game Time(s) \_\_\_\_\_

Team Contact \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ PC \_\_\_\_\_

Alternate Contact \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ PC \_\_\_\_\_

Names and e-mail address of two other players:-

1. \_\_\_\_\_ e-mail \_\_\_\_\_

2. \_\_\_\_\_ e-mail \_\_\_\_\_

Scheduling Considerations: \_\_\_\_\_

\_\_\_\_\_  
I undertake to inform each player of the waiver and indemnity clauses contained in the field permits and the SVICSA insurance. I understand the importance of ensuring that all players are fee paying members of a SVICSA team or are a SVICSA authorized official.

Signature \_\_\_\_\_ Date \_\_\_\_\_