



Field of Dreams Registration Form

TEAM NAME: _____ Age Group: _____

Player Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Phone #: () _____ Sex: _____ Birth Date: _____ Age: _____

School: _____ Grade: _____ Year of Graduation: _____

Doctor: _____ Phone #: () _____

Emergency: _____ Phone #: () _____ Relationship: _____

IMPORTANT (Must Read)

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the FOD, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports and in consideration for the FOD accepting the registrant for one of its programs/activities. I hereby release, discharge and/or otherwise indemnify the FOD, its affiliated organizations and sponsors, their employees associated personnel, including the owner of the fields and facilities utilized for the programs. Against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

I, the parent/legal guardian and player have read and understand the above:

Print Parent/Legal guardian Name: _____ Signature: _____ Date: _____

Print Players Name: _____ Signature: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT (minor):

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb, or well being of my dependent.

Signature of Parent/Legal Guardian: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

PAYMENT OPTIONS: CASH _____ CHECK _____ (Check payable to: Field of Dreams

CREDIT CARDS (Visa, MasterCard) # _____ Exp Date: _____

Signature: _____ Date: _____

Field of Dreams Team requirements

- 1) Team roster must be filled out completely prior to the start of each session and turned in at the first game.
- 2) Team representative (Coach/Manager) is responsible for the competition of the roster form and collection of fees.
- 3) League fee must be paid in full prior to the start of each session
- 4) If your team is not fully paid by week two your credit card will be charged
- 5) Team uniforms must be matching in color. In case of conflict, the home team will change.