



Southern Maryland Futsal League

League Contact: Danny Villagran
 Phone: 410-256-9129 Cell: 240-346-9613 Fax: 410-256-1480
 Email: admin@smdfutsal.com
 Maryland Futsal State Registrar: Don Evans
 Phone: 301-751-2886
 Email: devansoo@comcast.net

COST PER TEAM: \$500	COST PER TEAM: \$530
AGES: U14, U12, U10 Girls/Boys	AGES: U19, U16 Girls/Boys

TEAM REGISTRATION- COACH/MANAGER INFORMATION

Team Name: _____ Coach/Manager: _____

Team Address: _____

Age Group: _____ Boys/Girls: _____

Email address: _____

Contact Phone : _____ Contact Cell Phone: () _____

*There will be a \$250 non-refundable service fee. It is already included in the price of the registration fee.

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Primary Phone: () _____ Alternate Phone: () _____

Please send the registration fee along with the form payable to:

Southern Maryland Futsal
 9705 Harvester Circle
 Perry Hall, MD 21128

Team Amateur Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any way in the athletic/sports programs, related events and activities, the undersigned acknowledges appreciates and agrees that:

The risk of injury from the activities involved in this program is significant, I/we, for ourselves, heirs, executors and administrators waive, release and forever discharge Southern Maryland Futsal League and Capital Clubhouse staff, officers, trustees, employees and agents from all rights and claims for damages, injury or property that may occur during the participation in or during league activities.

 Team Representative Signature Print Name Date

