



**FUTSAL LEAGUE
REGISTRATION & ROSTER WINTER 2018
(9U – HS Group)**

Play Dates: 12/8, 12/9, 12/15, 1/12, 1/19, 1/26, 1/27, 2/9, 2/16, 2/17, 2/23

Where: Futsal on Miami, 6800 SW 81 Terrace, Miami, FL 33143

Format: 4v4 + GK, no roster max

Cost: \$650/team for IEP Soccer League member teams, \$800 for non-League member teams, Clubs that enter 6+ teams will receive IEP Soccer League member pricing (\$650/team)

TEAM NAME _____ AGE GROUP _____

HEAD COACH NAME _____ PHONE NUMBER _____

EMAIL ADDRESS _____

TEAM ROSTER

(Name, Date of Birth and Jersey #)

1)	8)
2)	9)
3)	10)
4)	11)
5)	12)
6)	XX)
7)	XX) JOHN SMITH 06/15/2000 4

❖ ROSTER AND PLAYER PASS VERIFICATION WILL HAPPEN BEFORE EACH GAME

❖ ROSTER ADDITIONS AND/OR REMOVALS OF PLAYERS MUST BE APPROVED BY LEAGUE DIRECTOR

_____**I hereby release IEP Soccer Futsal League, staff, and other officials of the league/tournament from any responsibility for injuries to any participants during all games. In the event of such injury, I hereby give permission to receive appropriate medical treatment. I agree to abide by the decisions and policies of IEP Soccer Futsal League are in effect and authorize IEP Soccer Futsal League to release the information on this application to its website.**

***Please check the above box to complete registration**

SIGNATURE _____ DATE _____