

YORBA LINDA ADULT SOCCER



Men's and Women's 7 on 7 Leagues (18+)

All games played at Yorba Regional Park in the City of Anaheim.

WINTER 2017 LEAGUE DATES:

MEN'S & WOMEN'S (WEDNESDAYS):
LEAGUE START: JANUARY 4TH, 2017
REGISTRATION OPEN NOW!
DEADLINE: DECEMBER 16TH

SOCCER TEAM FEES

LEAGUE FEES: \$225
REFEREE FEES: \$15 Cash Due Before Each Game.
Cash Only! Exact Change Required!

REGISTRATION PROCESS & PAYMENT METHODS

1. **COMPLETED REGISTRATION:** League Fee/Deposit, Team Roster, Team Info Form.
2. Submit REGISTRATION to Travis Ranch Activity Center, Thomas Lasorda Jr. Field House, or EMAIL acarrasco@yorba-linda.org
3. **REGISTER ONLINE! - WWW.YLRECONLINE.COM - SEARCH "WINTER SOCCER"**

Payments can be made at the:

Travis Ranch Activity Center: 5200 Via De La Escuela Yorba Linda, 92887 - (714) 961-7167

Thomas Lasorda Jr. Field House: 4701 Casa Loma Ave - (714) 961-7192

WWW.YLRECONLINE.COM - SEARCH "WINTER SOCCER"

Acceptable payment methods include: Cash, check, American Express, MasterCard or Visa.

CASH PAYMENTS must be made during normal business hours. Please make personal or company checks payable to: CITY OF YORBA LINDA

Additional information; Art Carrasco: acarrasco@yorba-linda.org OR (714) 961-7165

TEAM INFORMATION/PAYMENT FORM

TEAM & MANAGER'S INFORMATION:

TEAM NAME: _____

MANAGER NAME: _____ DOB: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____

Email: _____

DIVISION SELECTION (PLEASE CIRCLE ONE):

MENS' 18+ - WEDNESDAYS

WOMENS' 18+ - WEDNESDAYS

ADULT SOCCER LEAGUE FEE PAYMENT OPTIONS

FULL LEAGUE FEE - \$225

OR LEAGUE FEE DEPOSIT - \$100

(DEPOSIT APPLIED TOWARDS FULL LEAGUE FEE, REMAINING BALANCE DUE 1ST WEEK OF PLAY. GUARANTEES ENTRY INTO LEAGUE)

CASH: Cash Amount: \$ _____

CHECK: Please make payable to *City of Yorba Linda*

Name: _____ Phone Number: _____ Check Amount: _____ Check #: _____

Address: _____ City: _____ Zip Code: _____

CREDIT CARD:

Name of Cardholder: _____ Signature of Cardholder: _____ Phone Number: _____

Cardholder's Address: _____ City: _____ Zip Code: _____

Card #: _____ Amount To Be Charged: \$ _____ Expiration Date: ____/____/____ CVC#: _____

STAFF USE ONLY

STAFF NAME: _____ DATE: _____ TIME: _____



CITY OF YORBA LINDA ADULT SOCCER

TEAM ROSTER FORM - WINTER 2017 SEASON



TEAM NAME: _____ MANAGER: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

NAME	ADDRESS	CITY	ZIP CODE	PHONE NUMBER	SIGNATURE
MANAGERS/PLAYERS: PLEASE MAKE SURE ALL INFORMATION IS COMPLETED. PLAYERS CANNOT PARTICPATE IN LEAGUE UNTIL DOING SO.					
Manager:					
Astnt Mngr:					
3					
4					
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14					
15					

RELEASE OF LIABILITY AND INDEMINIFICATION

In consideration for the City's acceptance of this registration in City Program(s), I agree to release, indemnify, defend, and hold harmless City and its officers, agents, employees, or volunteers ("City Personnel") from and against any and all losses, damages, expenses, liabilities, actions, or claims of any nature, whether known or unknown, either in law or equity, which may arise from participation in a Program, for any reason including but not limited to the active or passive negligence of the City, City Personnel, or any other individual or entity. I further understand and agree to assume the risks, if any, arising from my participation in the Program and the conditions and use of equipment and facilities owned by the City.

PHOTO RELEASE

The City may take, use, and publish photos of participants for publicity purposes. I hereby grant the City permission to use my, or my child's, likeness, name, voice and words, in any broadcast, telecast, or print media account for free of charge.