



2008 Fall Soccer Little Peaks/Instructional League September - October Registration Form

Adirondack Sports Complex
326 Sherman Ave.
Queensbury, NY 12804
518-743-1086, 518-743-1247 fax
www.adirondacksportscomplex.com

REGISTRATION DEADLINE: Sept. 8

(Late registrations will be wait listed and subject to a \$20 late fee)

Participant & Volunteer Information:

First Name _____ Last Name _____
 Address _____ Age _____ DOB _____
 City _____ State _____ Zip _____ Please check: Male Female

Please check appropriate division:

Age:	6 - 8 years	9 - 12 years
Reg. Fee:	\$35.00	\$35.00
Years Exp:	_____yr(s)	_____yr(s)
Program Name:	<input type="checkbox"/> Little Peaks	<input type="checkbox"/> Instructional League
Dates/Days:	Sept. 14 - Oct. 12 Sunday	Sept. 16 - Oct. 16 Tuesday & Thursday

Volunteer Sign-Up:

Mother: Head Coach
 Asst. Coach
 Father: Head Coach
 Asst. Coach
 Other: Head Coach
 Name: _____
 Phone: _____
 Email: _____
 Asst. Coach
 Name: _____
 Phone: _____
 Email: _____

Parent/Guardian Information:

Mother First Name _____ **Mother** Last Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Email-Home _____ Email-Work _____

Father First Name _____ **Father** Last Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Email-Home _____ Email-Work _____

I agree to remit the payment-in-full of the registration fee, and any additional amounts due, prior to the start of my first game or session. 50% of my payment-in-full will be forfeited if I am unable to provide the Adirondack Sports Complex with completed Official Waiver and Registration forms or if I withdraw from the session, program or clinic. The remainder of the fee will be held as credit.

Print Name _____ Signature _____ Date _____

Credit Card Payment only

_____ Exp Date _____ Security Code _____ Total \$ _____

For ADKSC use only.	Waiver on file? _____
Payment \$ _____ Date ____/____/____ Method: cash check # _____ credit (type) _____	Late Fee _____
Balance Due \$ _____ Date ____/____/____ Method: cash check # _____ credit (type) _____	