



**Adirondack Sports Complex**  
 326 Sherman Ave.  
 Queensbury, NY 12804  
 (518)743-1086, (518)743-1247 fax  
 thedome@adksc.com

## Team Registration Form

rev. 11/03/09

**Please remit Registration and Waiver Forms along  
 with Payment-In-Full for your registration to be accepted.**

**Primary Team Contact Information:**

**Date:** \_\_\_\_\_

First Name _____		Last Name _____	
Address _____			
City _____		State _____	Zip _____
Home Phone _____		Work Phone _____	Cell Phone _____
E-Mail - Home _____		E-Mail - Work _____	

**Secondary Team Contact Information:**

First Name _____		Last Name _____	
Address _____			
City _____		State _____	Zip _____
Home Phone _____		Work Phone _____	Cell Phone _____
E-Mail - Home _____		E-Mail - Work _____	

**Team Information: Please circle selection or enter required information.**

Sport _____		Session _____	Age Group _____	Competitive - Intermediate - Recreational	
Team Name _____		Camp or Clinic # and/or Name _____			
Affiliation _____		(Attach Certificate of Insurance)			

I agree to remit the payment-in-full, 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 Team Waivers and Roster or if I withdraw my team prior to the start of the session. The remainder of the fee will be held as credit.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Credit Card # \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_ Total \$ \_\_\_\_\_

For Adirondack Sports Complex use only. Reservation processed by: _____		Waivers on file? _____	
Payment \$ _____ + _____ ID		Date ___/___/___ Method: cash check # _____ credit (type) _____	
Balance Due \$ _____		Date ___/___/___ Method: cash check # _____ credit (type) _____	

\_\_\_\_\_ entered in TCMS