



ANDERSON TOWNSHIP PARK DISTRICT

Adult Co-Rec Outdoor Soccer ~ ages 18 & up

Registration deadline is March 21st

Register in advance. Gather your friends and form a team in one of the ATPD leagues! We have B & C Divisions (B is more competitive play). Teams are guaranteed a minimum of 7 games and awards are given for 1st place in each division. We accept complete team registrations only, but may be able to assist placing individual players onto teams. Players must be 18 and over with no more than 22 players per team.

Date: Games begin Saturday, April 14th

Price: \$480 per team due with registration. Price includes referee fees, awards, nets, administrative and field fees. Teams are subject to a \$75 cancellation fee for withdrawal from the league.

Location: Clear Creek Park – 6200 St. Route 32

Questions? (513) 388-4514 Fax: (513) 231-4190 Hotline: (513) 357-6629 x1

Adult Co-Rec Outdoor Soccer Registration ~ Spring 2012

Division*: (circle one) B C

*Division formation is at the sole discretion of the ATPD. Teams may be moved up to a different division if they have won a lower division previous.

Team Name _____ Team Color _____

Manager's Name _____

Manager's Phone (h) _____ (c) _____ E-mail _____

Manager's Address _____ City _____ State _____ Zip _____

Alternate Manager's Name _____ Phone (h) _____ (c) _____

Alternate Manager's E-mail: _____ *Must include an alternate manager's phone number & e-mail

Make checks payable & return to: Anderson Township Park District, Beech Acres Park RecPlex • 6915 Beechmont Ave • Cincinnati, OH 45230

Registrations accepted on a first come, first served basis and are subject to the completion of payment and Release of Liability & Authorization The ATPD may cancel or alter programs pending registration numbers.

RELEASE of LIABILITY & AUTHORIZATION: I hereby release the Anderson Township Park District (ATPD) and Beech Acres Parenting Center and their respective Boards, employees, agents and instructors from all responsibility in the event of accident or injury. I also authorize the ATPD to publish any pictures or vidoe taken during the program for which I've registered, and to use my e-mail address to send me ATPD information.

Participant Name _____ Signature _____ Date _____

For Office Use Only
Date _____ Time _____ Rec'd By _____ Total Paid \$ _____ Cash _____ CC _____ Check # _____ Ck Name _____ Deposit By _____ Conf. _____

Visa _____ MasterCard _____ Card # _____ Expiration Date: _____

Name on card: _____ 3 Digit Security Code (Located on BACK of Card): _____