

# 2012 NIS YOUTH REGISTRATION FORM

## North Indoor Soccer

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Sex:  Girl  Boy  
 Age: \_\_\_\_\_ (As of August 1, 2012)  
 Birth date: \_\_\_\_\_

Parents name:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Shirt Size:  Small  Medium  X-Large  XX-Large  
 Skill Level:  High  Low  
 Playing Experience:  Traveling  Non-Traveling  None

<b>Check All That Apply:</b>		<b>Teammate Request</b>
Youth Team Leagues <input type="checkbox"/> 19U (\$80) <input type="checkbox"/> 16U (\$80) <input type="checkbox"/> 14U (\$80) <input type="checkbox"/> 12U (\$80) <input type="checkbox"/> 10U (\$80)	NIS Soccer Academy <input type="checkbox"/> Mighty Mite (\$80) <input type="checkbox"/> Tiny Tot (\$75) Intermediate <input type="checkbox"/> Tiny Tots (\$75) Beginner All fees include sales tax	Name: _____*  <b>*NOTE:</b> Special requests are not guaranteed, are taken in the order received, no more than one request will be granted, coach requests will not be granted, and the balance of the team and league will be taken into account.

**Registrations received after February 8, 2012 will be considered late and the following will apply:**

- > A late registration fee of \$10.00 will be charged – **NO EXCEPTIONS!**
- > Special requests on late registrations will **NOT** be considered.
- > For all returned checks you will be charged \$30.00.

Please make your check payable to "NIS". Amount enclosed: \$ _____ Cash or Check no. _____	<b>OFFICE USE ONLY</b> Date Received: _____
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### Volunteers Needed

I would like to volunteer for the following:  
 Coach/Assistant Coach     Team Caller     NIS Helper  
 Name: \_\_\_\_\_

### INDOOR SOCCER RELEASE

In consideration of your accepting this registration, I hereby for myself, heirs, executors, and administrators, waive and release any and all rights and claims for damages I or my child may have against the Anoka Area Ice Arena, the North Indoor Soccer, their representatives, successors, assignors, any and all persons associated with the 2012 indoor season for any and all injuries suffered by me or my child while participating or spectating at or in the indoor soccer program.

Parent or Guardian \_\_\_\_\_  
signature print name

**Return to: Steve Nash, 14500 Bowers Drive NW, Anoka, MN 55303**