



Youth Team League Registration

Team Name:	Coach/Contact:
Address:	City:
State:	Zip:
Work Phone:	Home Phone:
Cell Phone:	e-mail:

League Entering: _____

- Fall
- Winter
- Spring
- Summer

Gender of Team:

- Male
- Female

Grade: 2016-2017 Grade

- K, 1st / 2nd Grade Co-ed
- 3rd Grade
- 4th Grade
- 5th Grade
- 6th Grade
- 7th Grade
- 8th Grade
- High School

Note: Teams may have players in lower grades to “play-up” in an older grade division. In no case may a player “play-down” in a younger grade division regardless of perceived skill level/

Exception: A player may play down in a lower grade division if that player meets the age requirements as set forth below:

Grade Division	
2 nd	Player cannot turn 9 prior to September 1, 2017
3 rd	Player cannot turn 10 prior to September 1, 2017
4 th	Player cannot turn 11 prior to September 1, 2017
5 th	Player cannot turn 12 prior to September 1, 2017
6 th	Player cannot turn 13 prior to September 1, 2017
7 th	Player cannot turn 14 prior to September 1, 2017
8 th	Player cannot turn 15 prior to September 1, 2017

If the grade of a player is protested, coaches should be prepared to verify the player’s grade. If a player is found to be ineligible, all games in which the player has participated will be forfeited. The team may continue to participate in the league without the player.

Would you like for your team to play in a higher age or grade level?

- YES
- NO

Team Representative must submit the following before team will be allowed to begin league play:

1. Completed Registration Form
2. Signature of Coach or Team Representative verifying information submitted.
3. Complete Roster information with parent signatures.
4. Entry fee paid in full.

Mail League Registration, League Roster Form and League Entry Fee to:

**Make Check Payable to:
MidAmerica Sports Center**

**MidAmerica Sports Center
1906 Watterson Trail
Louisville, KY 40299
Attn: Fred Hale**

Roster Form – Reverse Side



Team League Registration

Team Name:	League Entering:
Team Gender:	Grade/Division:
Contact:	Address:
City/State/Zip:	Home Phone:
Work Phone:	Cell Phone:
e-mail:	

Roster

No.	Player Name	Age	Birth Date	Grade 2016-2017	<u>Parent/Guardian Signature</u>

Medical Waiver and Release of Liability (This form must be signed by the parent/guardian of each player if under 18 years of age or the player if over 18 years of age before player is eligible to participate in league)I, the above signed, hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of an emergency for the above player during the league play at the MidAmerica Sports Center. I, the above signed, in consideration of the players participation at the MidAmerica Sports Center, intending to be legally bound, do hereby ourselves, executors, and administrators waive, release, and forever discharge any and all rights and claims for damages, including any claims for loss, damages or injury to our persons or property arising out of the above player's performance or failure of performance from the MidAmerica Sports Center, their agents, representatives, successors and assigns.

As Coach/Team Representative of the _____
 (Team Name)

I certify that the information within is correct to the best of my knowledge. I understand that should a protest arise concerning the eligibility of any players participating on my team, that it will be necessary that proper documentation (i.e. birth certificates, report cards) be made available verifying the player's eligibility in the grade/age group in which the player is participating. It is understood that should any of my players be found ineligible, that all games will be forfeited in which that player has participated and that the player will not be allowed to continue participating in the league.

Print Name: _____

Signature: _____ **Date:** _____

Mail Registration & Entry Fee (Payable to MidAmerica Sports Center) to:
 MidAmerica Sports Center
 1906 Watterson Trail
 Louisville, KY 40299
 Attn: Fred Hale