



# Summer Instructional & Classic Sports Leagues

## Registration Form (06/30/2011)

The Edge Sports Center  
4450 Denrose Court  
Ft. Collins, CO 80524  
[www.edgesportscenter.com](http://www.edgesportscenter.com)  
Phone: 970-472-0048  
Fax: 970-472-0547

**CANCELLATIONS: There are no refunds for cancellations. If cancellation is made one week or more before start of session, the registration fee can be carried forward in full as a credit. Cancellations within one week of start of session, or after session has started, result in loss of registration fee.**

Sport	Day & Session	Dates	Time	Cost/ player
<b>MULTI-WEEK, ONCE PER WEEK, <u>INSTRUCTIONAL</u> LEAGUES</b>				
<b>Soccer</b> <u><b>Instructional</b></u> <b>Leagues</b>  (Boys & Girls) (FCSC Fall 2011 Age Definitions)	<del>Early Summer Wednesday</del> League		Early Summer is Complete	<del>\$80</del>
	Late Summer Wednesday League	7/13 - 8/17 6 wks	Ages U5 & U6: 4 - 5 pm Ages U7 - U11: 5 - 6 pm	\$80
	Late Summer Saturday League	7/16 - 8/20 6 wks	Ages U5 - U6: 1 - 2 pm Ages U7 - U11: 2 - 3 pm	\$80
<b>Flag Football</b> <u><b>Instructional</b></u> <b>Leagues</b> (Boys & Girls)	<del>Early Summer Saturday</del> League		Early Summer is Complete	<del>Gr K - 6: \$50</del>
	Late Summer Saturday League	7/16 - 8/20 6 wks	Grades K - 6: 10:15 - 11:30 am	Gr K - 6: \$60

Edge Use: New Returning Customer # / Date paid / 11 Amt Pd for THIS Activity: \$ / PSN\_PP\_PP RiVn REC REF FCYG  
 If part of Larger Payment, indicate total payment \$ / HOW PAID: Cash / Check # / LYG WINLNK Internet Event

PLAYER'S FIRST Name \_\_\_\_\_ LAST Name \_\_\_\_\_ '11-'12 Grade \_\_\_\_\_ Age \_\_\_\_\_  
 Parent or Guardian FIRST Name(s) \_\_\_\_\_ LAST Name (s) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Parent or Guardian's Email Address \_\_\_\_\_

Liability Waiver: I hereby authorize the staff of The Edge Sports Center and/or the instructors of The Edge Sports Center Summer Camps to act for the participant according to their best judgment in providing or arranging for emergency circumstances requiring medical attention. In consideration of the applicant being allowed to participate in the league/clinic/camp/activity, I acknowledge that I have had the opportunity to determine the nature of the activity and the manner in which it will be conducted and/or having waived the right to obtain such knowledge, do hereby assume all risks arising from or connected with said activity and release The Edge Sports Center, LLC, the owners of the facility, and their employees and agents, from all liability of any kind or nature, whether caused in any way by negligence of the released parties or not, arising from the applicants participation in the league/clinic/camp/activity or presence on the premises

Permission to use Photographs & Video Footage: I give my permission to The Edge Sports Center, LLC to use sports action or team photographs and/or video footage of the above named player in various Edge Sports Center, LLC marketing materials including, but not limited to, brochures, flyers, DVD's, guides, and the Edge Sports Center websites. I waive any claim to monetary compensation in any form from The Edge Sports Center for this usage.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_