



**ALL PRO**

All pro sports center,  
161 West River Road, Waterville, Maine 04901

**CENTRAL MAINE REC - SOCCER TOURNAMENT REGISTRATION 2010  
HOSTED BY ALL PRO SPORTS**

161 west river road, Waterville, me 04901  
Tel: (207) 877 6666, Fax: (207) 877 6617, Email: [ch@allprosportscenter.com](mailto:ch@allprosportscenter.com)

DATE	TEAM COACH	TEAM NAME
<p><b>CENTRAL MAINE REC - TOURNAMENT</b></p> <p><b>8<sup>TH</sup> MAY 2010</b></p>	<p><b>Divisions Available</b></p> <p>Boys: U6 to 12 years  Girls: U6 to 12 years  Co-ed: U6 to 12 years  Note: 6v6 U6 to 9 years and 7v7 10 to 12 years</p> <p>Indicate and circle the appropriate: Boys/Girls/Co-ed AGE: U6 /7yrs /8yrs /9yrs /10yrs /11yrs /12yrs</p> <p>Each Team will play a minimum of 3 games. Each game is 24 minutes long divided into two 12 min halves. The emphasis of this tournament is on fun. Sign up now to avoid disappointment. Spaces are limited!!</p>	
Coach's address	Street/Road	
Coach's email address	City/Town	State/Zip
Coach's home phone		
Coach's work phone		
Coach's cell phone Emergency use only		
<p><b>TOURNAMENT FEE:</b></p> <p><b>\$150 per team</b> Minimum of 3 games</p>	<p><b>METHOD OF PAYMENT</b></p> <p><input type="checkbox"/> CASH</p> <p><input type="checkbox"/> CHECK check number: _____ (checks payable to "All Pro Sports Center")</p> <p><b>PLEASE FORWARD PAYMENT TO:</b></p> <p><b>ALL PRO SPORTS CENTER</b>  <b>161 WEST RIVER ROAD, WATERVILLE, ME 04901</b>  <b>Tel: 207-877 6666, Fax: 207-877-6617, E-mail: <a href="mailto:ch@allprosportscenter.com">ch@allprosportscenter.com</a></b></p> <p><b>(PLEASE NOTE: RETURNED CHECKS WILL BE SUBJECT TO \$30 ADMINISTRATION CHARGE)</b></p>	
<p>Team coach or representative's affidavit: The information submitted here and on my roster form and insurance waiver form is correct to the best of my knowledge. I will notify All Pro Sports Center if I discover at any time that any of the information provided by me is incorrect or inaccurate.</p> <p>Signature _____ Date _____</p>		
<p>This is form #1 of two that must be submitted for your team to be registered for any session at All Pro Sports Center. Please ensure that you submit forms #1 and #2 and your \$150 non-refundable fee when you register your team. Only teams, who have completed both forms and paid in full by specified date, will be admitted.</p>		



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## 2010 TEAM ROSTER FORM CENTRAL MAINE REC TOURNAMENT: 8<sup>TH</sup> MAY 2010

PLEASE FILL THIS FORM IN COMPLETELY

We know that this is not always easy, but your help in completing this form is essential to the professional operation of All Pro Sports Center.

PLEASE PRINT CLEARLY

TEAM COACH: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_  
AGE GROUP: \_\_\_\_\_ BOYS/GIRLS/CO-ED: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PLAYER'S FIRST AND LAST NAME	DATE OF BIRTH	HOME PHONE	E-MAIL ADDRESS <i>PLEASE PRINT CLEARLY</i>	WAIVER SIGNATURE <i>PARENT/GUARDIAN TO SIGN BELOW IF CHILD IS UNDER 18 YEARS</i>
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**WAIVER:** By my signature above I agree to hold harmless in the event of an injury or accident All Pro Sports Center, their heirs and assigns, the organizer of this league, the manufacturer of any and all equipment used in conjunction with this or any other sport in which I am a participant at All Pro Sports Center, Maine. I further acknowledge that I am aware that this sport is a contact sport and that there is a real chance for injury stemming from play or any event associated with this league and its participants.