



Adult Sports League Application

Basketball, Volleyball, Flag Football, Soccer

4702 S. 19th St. ♦ Tacoma WA 98405
Phone 305-1015 ♦ Fax 305-1005

Mark one item in each box

Division <input type="checkbox"/> Men's <input type="checkbox"/> Women's <input type="checkbox"/> Co-ed	Sport <input type="checkbox"/> Basketball <small>M,W,Th</small> <input type="checkbox"/> Volleyball <input type="checkbox"/> Flag Football <small>Sun</small> <input type="checkbox"/> Soccer <small>Sun</small> <input type="checkbox"/> Other _____	Division <i>As listed in Sportswatch</i> <hr/> <i>In box to right, rank your team within the Classification / Division indicated above. ⇨</i>	Rank your team within your Division <i>⇨ Indicate Division in box to left</i> Top (+) Middle (-) Bottom League League League <i>(circle one)</i>
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TEAM NAME _____

Coach's Name _____ E-mail _____

Coach's Address _____ City _____ St _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

Assistant Coach's Name _____ E mail _____

Assistant's Address _____ City _____ St _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

Previous Team Name _____ Previous League _____

SCHEDULING CONSIDERATIONS:

(Check Sportswatch for leagues with pre-determined days for league play.)

Conflicts: (Days/Dates you can not field a team) _____

Reason for conflict: (All conflicts may not be honored) _____

Preferences:

My league has a pre-determined day OR Any day is ok.

If not pre-determined my team prefers to play the following days:

(Check Sportswatch for leagues with pre-determined days for league play.)

1st choice _____ 2nd choice _____ 3rd choice: _____

*Conflicts will be considered before preferences.
Preferences are not guaranteed!*

I fully accept responsibility for all actions of my team, and agree to fully abide by the rules outlined in appropriate Metro Parks Tacoma rule books and National Organization rule books. I am the singular spokesperson for my team, except for individual appeals for disciplinary actions. Upon any change in a coaching position, I agree to notify Metro Parks Tacoma in writing immediately.

Signature of Head Coach / Team Manager

<p><u>PAY BY VISA OR MASTERCARD</u></p> <p>Cardholder's Name _____</p> <p>Visa # _____ Expires: _____</p> <p>Mastercard # _____ Expires: _____</p>	<p style="text-align: center;"><u>OFFICE USE ONLY</u></p> <p>Amount Paid: _____</p> <p>Date Paid: _____</p> <p>Receipt #: _____</p>
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