

LENEXA
(Corporate Headquarters)
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Adult Team Application

GENERAL TEAM INFORMATION (PLEASE CIRCLE ALL WHICH APPLY)

TEAM NAME: _____ **TEAM #:** _____

SESSION: Winter I Winter II Winter III Spring Summer I Summer II Fall

LEAGUE: MEN'S WOMEN'S COED

DIVISION: A B C D O30 O40 SOCCER MOMS

LEVEL: COMPETITIVE RECREATIONAL NOVICE DIV. 1 DIV. 2 DIV. 3

DAY: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SUNDAY

MANAGER'S INFORMATION (PLEASE COMPLETE IN FULL)

MANAGER'S NAME: _____ **MANAGER'S #:** _____
(FIRST) (LAST)

HOME ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

EMAIL ADDRESS: _____

PHONE NUMBERS: (HOME) () _____ (WORK) () _____

(CELL) () _____

(OFFICE USE ONLY)

Special instructions/ Requests:

(OFFICE USE ONLY)

Date: ___ / ___ / ___ Amount Paid: _____ Receipt#: _____ Initials: _____ Signed team contract: Y / N

ALL AMERICAN INDOOR SPORTS, INC.

ADULT TEAM CONTRACT

In consideration of being allowed to participate in any way in the ALL AMERICAN INDOOR SPORTS athletic/sports program, the undersigned acknowledges, appreciates, and agrees that:

1. All American Indoor Sports (A.A.I.S.) reserves the right to cancel any games due to misconduct of teams, inclement weather, or any other circumstances.
2. Rescheduling of league games will be the responsibility of the teams involved. AAIS will assist you by providing available field times and exchanging manager's phone numbers.
3. Refunds or game credits will be given for forfeited games **only** when AAIS cancels league games and rescheduling is not possible, excluding inclement weather or team misconduct.)
4. To protect players from injuries, shin guards are **STRONGLY RECOMMENDED** at the adult level and required for players under the age of 18. Shoes with cleats are not allowed on the field.
5. A concession stand will be open to provide snacks & beverages. Therefore, AAIS asks that players, coaches, & spectators refrain from bringing food or drinks into the facilities.
6. It is the responsibility of the home team to supply a game ball and to have conflict jerseys.
7. AAIS would like to maintain a "family" atmosphere and therefore we ask that players, coaches, and spectators refrain from using abusive language while in the facilities.
8. AAIS will attempt to notify teams of any and all schedule changes; however, it is ultimately the responsibility of the team to call the game time hot line or check the web to receive schedule changes.
9. Players must be listed on team rosters before they can play. All rosters are frozen at the **start of the fourth game** of each session.
10. All players must register to play and/or practice at our facilities by completing a registration form and signing the waiver. The registration fee is \$15.74 + tax, (non-refundable), per player and will be valid through September of each year and includes one player card, which must be presented to the referee for every game. Lost cards must be replaced and cost \$5.00 + tax, players that forget their cards must purchase a temporary card, valid for one day, \$3.00 + tax per player. All players under the age of 18 will need their waiver signed by a parent or legal guardian. Minimum Adult league age is 15 years old.
11. Deposits of \$200.00 are due to register a team for a league and are non-refundable. Teams currently playing in a league will have the first right to re-sign until two weeks prior to the start of the next session.
12. When you pay a \$200 deposit your league fee balance must be paid at a minimum as follows: **50% paid prior to the start of your first game, 75% paid prior to the start of your second game and 100% paid prior to the start of your third game.** Teams not paying their league fees in full by the start of their third game will be charged a \$35.00 late fee. A.A.I.S. reserves the right to drop any team from a league who fails to follow this payment schedule, without any refund. The balance of your league fees are refundable, only if a team drops no later than two weeks prior to the session start date and must notify a league manager. **League fees do not include medical reimbursement insurance.**

I have read this team contract and fully understand its terms. I understand that by signing this contract I am stating that I am at least 18 years of age and that my team members agree to abide by the above listed rules and regulations.

DATE: ____ / ____ / ____

TEAM NAME: _____

MANAGER'S NAME: _____ SIGNATURE: _____