

# FWSA SUB-TEAM REGISTRATION FORM

Please Print Clearly

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

STREET: \_\_\_\_\_

EMAIL: \_\_\_\_\_  
(required to participate)

CITY/STATE/ZIP: \_\_\_\_\_

CURRENT TEAM(S):  
(if registered currently)

BIRTHDATE: \_\_\_\_\_

## TELL US HOW YOU HEARD ABOUT US

- Am a Current FWSA Player
- Flyer
- Website
- Roadside Sign
- Referral

Other (please tell us) \_\_\_\_\_

Select a Sub Team Age Category (Players are eligible to participate in the category where their age falls and younger. Players can choose to participate in multiple categories providing they meet the age requirements)

- Open (18+)
- Masters (30+)
- GrandMasters (40+)
- GGM (50+)

## NOTES:

1. *Current or previously registered FWSA players, must be registered on another regular FWSA team to participate.*
2. *There is no guarantee a player will have an opportunity to play a game.*

## FEES

Fees are waived for the sub team.

## WAIVER

I agree that I am participating in FWSA practices, games and other activities at my own risk. In consideration of my participation in these events, I assume all risk of injury and I release FWSA coaches, officers, agents, and game referees from all liability and agree not to sue for injuries to myself or damage to or loss of my property. I agree to conduct myself in a sportswoman like manner and to follow the rules established by FWSA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

Contact: [best7@cox.net](mailto:best7@cox.net) for mailing directions or alternatively the completed file can be scanned and emailed.