

# The Mayor Ralph A. Infante **We**llness Center

Your Total Indoor Sports/Fitness

Your Experience!

## REGISTRATION

**League applications** are received on a first paid, first served basis and will be accepted based on availability. The team roster, waiver of liability form and **final payment** must be submitted prior to the 1st game.

## COST & PAYMENT

The soccer team contact is responsible for the deposit of \$150.00 along with the application. The **balance** is due on the first day of the league. Payments may be cash, credit card or check, made payable to City of Niles. Teams and players are accepted once all monies have been received. **Refunds** will not be made ONE week prior to the start of the league.

## EQUIPMENT NEEDED

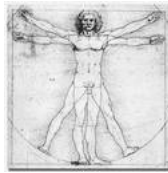
Cleats ARE NOT permitted on the fields.

**SOCCKER:** shin guards, socks, jerseys with numbers.

**FIELD RENTALS:** When space is available, the field rental is \$100.00 for full field, \$50.00 for 1/2 field an hour for teams in league. Call for additional information and to reserve your playing time and/or practice time.

## Directions:

From Rte. 46, turn west onto W. Park (McKinley Memorial) travel approximately 3/4 miles and turn right into Waddell Park.



The Mayor Ralph A. Infante Wellness Center  
213 Sharkey Road  
Niles, OH 44446  
Visit the [www.thecityofniles.com](http://www.thecityofniles.com), Departments,  
Wellness Center for more info and forms.

Phone: 330- 349-WELL(9355)  
Fax: 330-  
E-mail: [smacmillan@thecityofniles.com](mailto:smacmillan@thecityofniles.com)

Welcome to the City of Niles  
Where Community Matters

# The Mayor Ralph A. Infante **We**llness Center

League Application  
**SOCCKER**

[www.thecityofniles.com](http://www.thecityofniles.com)



Your total indoor sports /fitness experience!



SEE YA @  
THE WELL!!

SEE YA @ THE WELL!!!!!!!!!!!!!!!!!!!!!!

Phone, 330-349-we11(9355) )

# The Mayor Ralph A. Infante Wellness Center

To the parent's/guardian's of our athletes: As a condition for your child's/ward's entry upon these premises and participation in our sports program, it is required that you sign the following agreement.

I understand that there are risks of injury when my child participates in sports and other activities in this facility. I further understand that injuries may result from my child's own actions or inaction; the action or inaction of others, the rules of play, and the conditions of the premises or any equipment used. I further understand that there may be risks not known to The Mayor Ralph A. Infante Wellness Center or no reasonable foreseeable at the time. In consideration of my child being allowed to participate in the sport, events and activities conducted by The Mayor Ralph A. Infante Wellness Center, I agree as follows:

1. I shall assume all of the risks which could arise as a result of my child's participation in sports, events, and activities conducted by The Mayor Ralph A. Infante Wellness Center.
2. I hereby agree release, waive, discharge and covenant to sue The Mayor Ralph A. Infante Wellness Center, its administrators, members, managers, directors, coaches and other employees, other athletes and participants and the owners and leases of the premises, all of which are hereafter referred to as "releases," from demand, loses, or damages on account of injury, including death, damage to property, caused or alleged to be caused by the actions or infractions of the releases.
3. I accept responsibility that my child's equipment meets appropriate safety standards.
4. I have confirmed with my child's physician that my child is fit to participate in the contemplated activities.
5. I hereby authorize The Mayor Ralph A. Infante Wellness Center and its assigns to utilize any and all photographs, pictures or other likeness of the participants as they deem appropriate in its promotional material.

\_\_\_\_\_  
Please print Child's Name                      parent/guardian's name

THE UNDERSIGNED PARENT/GUARDIAN HAD READ THE ABOVE WAIVER, RELEASE AND ASSUMPTION, UNDERSTANDS ITS PROVISIONS AND SIGNED IT VOLUNTARILY.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## LEAGUE APPLICATION

### SOCCER TEAM APPLICATION

Please Print:

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

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

MAILING ADDRESS: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_

MC/VISA # \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

MAKE ALL CHECKS PAYABLE TO City of Niles

**APPLICATIONS WILL NOT BE ACCEPTED UNLESS THEY ARE ACCOMPANED WITH DEPOSIT.**

Date: \_\_\_\_\_

**U7/U8 7 V 7 NO KEEPERS, U10/U9 7 PLUS KEEPER,**

**U11 /Adult 8 plus keeper.**

# The Mayor Ralph A. Infante Wellness Center

Please check the appropriate boxes and note that all dates and times are subject to change.

U10 & Below: \$375.00 + Officials (\$10.00 per game each)

U11 & Above: \$400.00 + Officials (\$20.00 per game each).

Boys     Girls

U6 Co-ed     U8 Co-ed     U9 Co-ed     U10 Co-ed

U11         U12         U13         U14

HS-JV         HS-VAR

Adult Men: Open                       Adult Men Over 35

Adult Women; Open                       Adult Women over 35

Adult-Open Play: Friday 9:00-11:00 PM \$5.00 Fee

Youth-Open Play: Friday 5:00-9:00 PM \$5.00 Fee

Individual House Team: Adult/Youth \$65.00

### SESSIONS

Winter 1: Nov 1- Dec 24th, 8 games

Winter 2: Jan. 2-Feb. 28, 8 games

Winter 3: Mar. 1-Apr. 24, 8 games

All ref fee's are to be paid directly to officials at start of match. Failure to pay will result in forfeit of game.

### Advisory Board

Mayor Ralph Infante, Dr. Robert Marino Jr., Neil Bucino, Chuck Nader, Terry Dull, Jeff Crowley, Elissa Toto, Benigno DeGennaro & Vernon Cesta

**Director of Operations:** Scott MacMillan