



Arena Premier Soccer League Heartland Registration



U5-U6-U7 & U8

Cost: \$50 per player (Roster Max 7)

League: 3v3 Competition
6 Games minimum

Roster: Rotational Roster
Roster Done by Pro-Coaches Weekly

Schedule: Saturdays
8:00 am to 9:00 am

- * 1 hour Game/Training
- * 15 min of Ball Mastering / 45 min Scrimmages
- * Pro-Coaching Staff
- * Field will be aprox. 30X25 yards
- * No use of hands (no goalkeepers-no throw ins)
- * Unlimited Substitutions
- * Goal-Kicks will be taken from the end line



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Players Name: _____

Gender: M F Age Group: U5 – U6 – U7 – U8

D.O.B (mm/dd/yy): _____

Street Address: _____

City/State/Zip: _____

Cell Phone: _____

Email: _____

Current Team: _____

Return your registration form and your payment payable to:
 FSISL – Po Box 11127, Cedar Rapids, IA. 52410
 Or drop off at Sport Zone – 1100 N. 18th Ave
 Hiawatha, 52233

Emergency Contact: _____

Emergency Phone: _____

Medical Insurance Carrier Policy#: _____

I hereby authorize the Heartland Soccer Club staff to act for my son or daughter according to their best judgment in any emergency requiring medical attention, and I hereby release the club and the APSL League from any and all liability for any physical injuries or illness that may occur to the above named player at the APSL indoor soccer league. I have no knowledge of any physical impairment that would be affected by the above named player's participation in the APSL as outline in the brochure. My signature on this waiver also states that the above named player is covered by my personal medical insurance policy.

Signature _____ Date _____