



GET YOUR TEAM READY

Phone 212-256-1145

Fax 212-731-0296

REGISTRATION FORM

Those interested in playing in the United Sports League must read the current rules prior to registration and participation. All teams participant must first complete and sign this league Application & Waiver and return it prior to participating in any U.S.L sporting events, and must sign an on field waiver prior to the start of any U.S.L sporting events. **YOU MUST FILL OUT THIS FORM TO BECOME MEMBER OF OUR SPORTING EVENT.** This form must be submitted with your team's league registration fee. Do not submit individual applications. United Sports League DOES NOT PROVIDE ANY MEDICAL INSURANCE OF ANY KIND. ALL PLAYERS PARTICIPATE AT THEIR OWN RISK

Forms Must Be Filled Out Completely To Be Considered For Eligibility

Select appropriate league, Season, & Division:

Flag Football: 8 on 8 3man line 4 on 4 Other _____

Basketball Men: {5 on 5} / Women {5 on 5} {3 on 3}

Softball: Men Co-Ed Female

WINTER SPRING/SUMMER FALL YEAR _____

Levels of play: Competitive Intermediate Recreational

Head Coach/Captain Print Name _____ Team Name _____

Individual Print Name _____ Sport/Position _____

AGE _____ Occupation _____ Email _____

Phone () _____ Emergency Contact Name _____ Phone _____
{Must be fill out}

Street Address _____ apt# _____

Town _____ State _____ Zip _____

DOB ____/____/____
{Must be at least 18 at time of registration}

I (TEAM CAPTAIN/PLAYER PRINT NAME) _____ will make sure myself and teammates read the rules and policies, and then I will make sure they sign the RELEASE FORM before they play.

I will do best to recruit non-violent, peaceful, and recreational participants in this peace & recreational league. I will screen my own players before bringing them into this league. I will not bring into this league someone I do not trust.

I have read and understand the above League Application with knowledge that United Sports League Does Not Provide Medical Insurance You must play with your own risk , Also please before submitting this you must sign our waiver and release form thank You

Signature: _____ Date: _____

Remember, a MATCH OF THE ABOVE SIGNATURE can be requested by league officials at any time without prior notice to verify a player's eligibility to participate in any and all games or any portion thereof and to determine whether that player is a recognized active member of the league.

Make Checks or Money Order Payable to: **UNITED SPORTS LEAGUE** P.O Box 70041 Staten Island NY, 10307

CREDIT CARD: AMEX DISCOVER MASTERCARD VISA

CREDIT CARD # _____ NAME ON CARD _____

EXP. DATE ____/____/____ CSC (3-4 digit Amex 4 digit) _____ SIGNATURE _____

CASH DOLLAR AMOUNT WILL BE GIVEN IN-PERSON \$AMOUNT _____

TEAM ENTRY FORM

TEAM NAME _____ TEAM COLOR _____ DATE: _____

CO/CAPTAIN _____ Phone (____) _____ Email : _____

MEMBERS OF THE TEAM (PLEASE NOTE ALL MEMBERS OF THE TEAM MUST FILL OUT THE **WAIVER/RELEASE FORM** BEFORE PLAYING)

David@gotham@aol.com			
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10			
11			
<i>Basketball Maximum Roster is 11 do not exceed this line</i>			
12			
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