



Federal Way Parks, Recreation & Cultural Services

Adult Sports League Application

<u>Division:</u>	<u>Sport</u>	<u>Classification</u>	<u>Game Night</u>
Men's _____	Slow-pitch _____	_____	_____
Women's _____	Soccer _____	_____	1 st Choice _____
Co-Ed _____	Volleyball _____	_____	2 nd Choice _____
	Basketball _____	_____	

Team Name _____

Coach Name: _____ Home Phone: _____ Work: _____

Address: _____ City: _____ Zip: _____

Email: _____

Assistant Coach Name: _____ Home Phone: _____ Work: _____

Address: _____ City: _____ Zip: _____

Email: _____

I fully accept responsibility for all actions of my team, and agree to fully abide by the rules outlined in appropriate City of Federal Way Recreation rulebooks and National organization rulebooks. I am the singular spokesperson for my team, except for individual appeals for disciplinary actions. Upon any change in a coaching position, I agree to notify the City of Federal Way Recreation and Cultural Services Department in writing immediately of any change.

(Head Coach/Manager)

For Official Use Only

Division: _____ Amount Paid: _____ Date Paid: _____

This portion will be destroyed upon completion of the transaction

You can pay by:

Cash Check Visa MasterCard Money Order

Cardholders Name: _____ Card Number _____ Exp Date: __/__/__