



Individual/Team Registration Form

The Coplex Sports Domain
147 Torrington Road
Winsted, CT 06098
860-238-7886

**Please print this form and send a completed application to
the Coplex Sports Domain, 147 Torrington Road, Winsted, CT 06098**

Name _____ **E-mail** _____
Address _____ **Telephone** _____
City _____ **State** _____ **Zip** _____

Signature; _____ **Birth date** _____ **Male** _____ **Female** _____

Individual Registration Rates

Baseball Hitting Instructional **\$200.00** (Saturday Mornings Only) 5 weeks, 1 hour sessions
Socca Tots Registration ages 2 to 6.....9 classes **\$90.00**
Coed's Soccer Leagues individual sign ups **\$100.00** (specify night & time)
Adult Flag Football's individual sign ups **\$125.00** (specify session & time)
Youth Flag Football's individual sign ups **\$125.00**(specify program & time)
Golf's Practice Range registration& Membership **\$250.00** (specify session) 6 month membership
Men's or Boy's Soccer Leagues individual sign ups **\$100.00** (specify night & time)
Men's Softball Leagues individual sign ups **\$100.00** (specify night & time)
Women's or Girl's Softball Leagues individual sign ups **\$100.00** (specify night & time)
Women's or Girl's Soccer Leagues individual sign ups **\$100.00** (specify night & time)
Girl's or Boy's Lacrosse Leagues individual sign ups **\$100.00** (specify session & time)
Field Hockey 's individual sign ups **\$100.00** (specify session & time)

Practice Time (Prices subject to change per Primetime/non Primetime Seasons)

\$100.00 per half hour per field
\$200.00 per hour, per field
\$390.00 per hour the whole dome

Open Soccer fee for 2 hour Session is \$10.00 per person

Team Registration Rates

Youth Boy's & Girl's Soccer Leagues Team Fee **\$595.00** _____ 7 week session
Youth Girl's Softball Leagues Team Fee **\$500.00** _____ 6 Games
Adult Flag Football League Team Fee **\$600.00** _____ 4 team minimum 8 Games
Adult Men's/Women's Softball League Team Fee **\$500.00** _____ **6Games**
Other/Clinics/Camps (specify) _____
Adult Futsol Team Fee **\$100.00** _____ 7 week session
 Field Hockey League Team Fee **\$795.00** _____ 8 week session
 Gym Membership **\$180** per year or **\$15** per month _____ 12 months or monthly
 Youth Baseball League on Friday Nights Team Fee **\$1650.00**: _____ 12 Games + playoffs + Championship
Youth Futsol League 5 player team on Monday Nights **\$50.00** _____ 8 Games

Select all that apply:

Youth			
Soccer	Boys	U9	U14
Lacrosse	Girls	U10	U16
Field Hockey		U11	U17
Baseball (Specify)		U12	U19
_____		U13	

Adults	
Soccer	Men
Lacrosse	Women
Field Hockey	Over 40 Men
Softball (Specify)	Over 30 Women
Flag Football	Coed



Parent Contact/Release

Name _____

Signature _____

Please specify any medical conditions that The Coplex Sports Domain should be aware of:

Please specify any _____

Doctor's Name _____

Contact Number _____

Release statement:

I, the player, or the parent or guardian of the above named player, do hereby give my approval of his or her participation in **The Coplex Sports Domain** programs. Recognizing the possibility of physical injury associated with this sport, and in consideration of the player being accepted in this program, I hereby release, discharge and/or otherwise indemnify **The Coplex Sports Domain**, their officers, directors and members, including coaches and referees against any claim by or on behalf of the above named player as a result of the player's participation in the program, including all games, practices, meetings and official activities, including being transported to and/or from games. The owners reserve the right to suspend or expel any participant who violates **The Coplex Sports Domain** rules or whose behavior or play is considered unprofessional, unsportsmanlike, or risky. The Individual's registration fee amount is non-refundable.

Player Name _____ Date _____

Signature of Parent/ Player Contact _____

Date; _____

Team Roster

Waiver and Release of Liability for The Coplex Sports Domain

Applies to each player listed below:

I, the player, or the parent or guardian of the player named below, do hereby give my approval of his or her participation in **The Coplex Sports Domain** programs. Recognizing the possibility of physical injury associated with this sport, and in consideration of the player being accepted in this program, I hereby release, discharge and/or otherwise indemnify **The Coplex Sports Domain**, their officers, directors and members, including coaches and referees against any claim by or on behalf of the above named player as a result of the player's participation in the program, including all games, practices, meetings and official activities, including being transported to and/or from games. The owners reserve the right to suspend or expel any participant who violates **The Coplex Sports Domain** rules or whose behavior or play is considered unprofessional, unsportsmanlike, or risky.

Player Information (Print)	Signature (if under 18, Parent or Guardian)	Home Phone	Birth Date	Date Signed
1. Name:				
Address: E mail;				

Player Information (Print)				
2. Name:				
Address:				
E-mail:				
3. Name:				
Address:				
E-mail:				
4. Name:				
Address:				
E-mail:				
5. Name:				
Address:				
E-mail:				
6. Name:				
Address:				
E-mail:				

Use as many forms as necessary for each team

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www.coplexsportsdomain.com