



WOMEN'S OVER THIRTY SOCCER – 2010 SPRING Session

**\*APPLICATIONS MUST BE RETURNED NO LATER THAN Thursday, March 18<sup>st</sup>!**

**FEE \$45.00 per PLAYER “SPACE IS LIMITED - FIRST COME FIRST SERVE”**

**Mail in:** Make check payable to: **Town of Danvers**  
**Address:** Danvers Recreation Danvers Town Hall 64 Cabot Rd. Danvers, MA 01923  
 Mon. – Wed., 8 AM – 5 PM, Thurs. 8 AM-7:30 PM, Fri. 8 AM-1:30 PM  
**Location:** **Gates Field, 176 Hobart ST. Danvers, MA**  
**Teams:** The League Coordinator will formulate Teams, no teams or requests will be accepted.  
**Season:** **Saturday Evenings, First Game April 17th – June 19 at 5:00 PM (not on 5/29)**  
**Rules:** 4 teams will be formulated and intended to play 7 on 7, Each team will have 10 – 12 players on the roster, there will be no adding players to the roster without permission for the league coordinator **no exceptions**, the first game will start at 5:00 and the second game at 6:05 PM, a referee will be present for the games, all players must be over 30 in order to play, a schedule will be handed out once the teams are formulated.

**Team Names:**

*The Independence                      The Spirit                      The Freedom                      The Liberty*

**Please Print Clearly**

**Participants Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Email:** \_\_\_\_\_ (Please Print)

**Shirt Size: Small:** \_\_\_\_\_ **Medium:** \_\_\_\_\_ **Large:** \_\_\_\_\_ **X-Large:** \_\_\_\_\_  
**XXL:** \_\_\_\_\_

What position in soccer do you prefer to play? : \_\_\_\_\_ Goalie: Yes or No

1: Level of play: Pickup \_\_\_ Adult League \_\_\_ High School \_\_\_ College \_\_\_ Pros \_\_\_\_\_

2: Has the applicant ever played in an organized league before? Yes \_\_\_\_\_ No \_\_\_\_\_

3: Additional Soccer information or comments: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ # \_\_\_\_\_

**PAYMENT**

**TYPE:**CHECK# \_\_\_\_\_ VISA/MC \_\_\_\_\_ EXP. \_\_\_\_\_

I hold harmless the Town of Danvers, its employees, volunteers, or its agents from any and all injuries that might be sustained by participation in any of the programs. In the event of injury, I grant permission to provide/acquire medical care or assistance. In addition, I hereby give permission for any photographs taken to be used for publicity purposes.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_