

16240 Old Denver Highway Monument CO 80132 ■ [Ph]719-487-8572 ■ [fax]719-488-9501 ■ www.cosportscenter.com

**LEAGUE INFORMATION:**

- Most Leagues consist of 8 games plus playoffs
- Full payment must accompany the registration form in order to complete registration
- All hockey players must be a current member of USA Hockey Inline and have CSC jerseys

**REFUND POLICY:**

- All refund requests must be submitted in writing
- Refund requests submitted one week prior to start of season will be subject to \$35.00 processing fee
- Refund requests submitted within one week of start of season will result in 50% refund
- **No full or partial refunds will be granted, under any circumstances, after first game/practice**

*Please Print Clearly*

**SPORT:**  Soccer  Hockey  Football  Other \_\_\_\_\_

**Name** \_\_\_\_\_  
Last First

**Parent/Guardian** \_\_\_\_\_ **Age** \_\_\_\_\_ **Birth date:** \_\_\_ / \_\_\_ / \_\_\_

**Address** \_\_\_\_\_  
Street City State Zip

**Home Phone** (\_\_\_\_) \_\_\_\_\_ **Work Phone** (\_\_\_\_) \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**League/Age Group** \_\_\_\_\_

**Payment:**

<b>Cash</b>	<b>Amount \$</b> _____	<b>Special Requests:</b>
<b>Check</b>	<b>Amount \$</b> _____ <b>Check #</b> _____ Payable to Colorado Sports Center <i>All Returned Checks Will Be Subject To a \$25.00 Fee</i>	
<b>Credit Card</b>	<b>Amount \$</b> _____ <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover # _____ - _____ - _____ - _____ Exp _____ / _____	

My registration form and payment signifies my acceptance of the above refund policy and all other Colorado Sports Center policies and procedures including the waiver and release liability form.

**ALL REGISTRATION FORMS MUST BE SIGNED BY AN ADULT TO BE ACCEPTED!!**

\_\_\_\_\_  
*Authorized Signature*