

NAA NEIGHBORHOOD ATHLETIC ASSOCIATION

OUTDOOR FLAG/INDOOR ARENA FOOTBALL www.recleagues.com



TEAM REGISTRATION

Team Name: _____

Captain: _____ Home#: _____ Work#: _____ E-Mail: _____

Roster:

1 _____ 5 _____ 9 _____

2 _____ 6 _____ 10 _____

3 _____ 7 _____ 11 _____

5 _____ 8 _____ 12 _____

*All team rosters must include a **minimum of 6 players** (maximum of 12).

INDIVIDUAL REGISTRATION

Player Name: _____ Home#: _____ Work#: _____ E-Mail: _____

Position(s): _____

REGISTRATION FEES

- Outdoor Flag Football (\$550/Team; \$55/Individual) Indoor Arena Football (\$600/Team; \$65/Individual) Both Leagues (\$1000/Team; \$110/Individual) Double Elimination Tournament (\$250/Team; \$25/Individual)

<p>Please enclose a check or money order for tournament or 10 week season, including playoffs, referees, awards dinner and team/MVP awards.</p> <p>Make checks payable to: NAA, Inc. PO Box 31524 Alexandria, VA 22310 Information Line: 703-851-3332 Credit Card Fax: 703-960-2299</p>	<p>Method of Payment: <input type="checkbox"/> Personal/Company Check <input type="checkbox"/> Cashiers Check/Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> DISC <input type="checkbox"/> VISA <input type="checkbox"/> MC</p> <p>Name on Card: _____</p> <p>Card Number: _____</p> <p>Expiration Date: _____</p> <p>Signature: _____</p>
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PLAYER AGREEMENT - PLEASE READ CAREFULLY: In registering for this league or tournament, I agree that NAA, Inc., its agents, officers, and employees are not liable for injuries or damages that may occur to person or property. Furthermore, by playing in this league or tournament, I will assume all risks and agree not to bring any legal action against NAA, Inc., its agents, officers, and employees. No refunds will be issued after ten days following registration deadline. By submitting/signing this form, I agree to all of the above terms and conditions.

SIGNATURE REQUIRED: _____ DATE: _____