

Independent Church League

Team Registration Form

Church Name:	Phone Number:
Address:	State:
City:	Zip Code:
Please provide the signature of the Church Representative:	

Preferred Division:

Softball Season:		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Volleyball Season:		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Basketball Season:		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
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Team Information:

Coach Name:	E-mail Address:
Address:	State:
City:	Zip Code:
Phone:	
Alternate Coach Name:	Phone:

Team Preferences:

Click on the box for all the nights on which your team can play:

<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Saturday
Indicate any specific dates in which your team cannot play:									
Is this your teams first year in this league?		<input type="checkbox"/> Yes		<input type="checkbox"/> No					
Did you participated last year?				What was your division and win-loss record?					
League Suggested Division by the ICL Staff (Leave Blank):									
Reason for requesting this division:									
Submitted By:				Today's Date:					

ICL Board Information Only (Leave Blank):

Amount Paid:		Check #:		Cash Amount:		Date:	
Church Representative Signature:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Team Roster/Waiver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Youth Release Waiver? (If Req'd.):	<input type="checkbox"/> Yes	<input type="checkbox"/> No		WSP Background Check (If Req'd.):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

1. Coaches must have a completed WSP Background Check on file with the league if players or coach on the team is under the age of 18.
2. Review your information for accuracy, then click on Print to print a copy of your form for the League Representative.