



Plano Sports Authority
All In One Team Roster

PLEASE TYPE OR PRINT CLEARLY

INITIAL PAYMENT INFORMATION (PSA USE ONLY)		
RECEIPT NUMBER	TOTAL AMOUNT	
NO. OF PLAYERS PAID	DATE	INITIAL

SEASON/YEAR	SPORT	LEAGUE	TEAM NAME
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	COACHES' NAME	ADDRESS	PHONE NUMBERS	E-MAIL ADDRESS
HEAD COACH			HOME	E-MAIL
			WORK or CELL	ADD'T'L E-MAIL
ASST. COACH			HOME	E-MAIL
			WORK or CELL	ADD'T'L E-MAIL

	PLAYER'S NAME	ADDRESS	PHONE NUMBERS	E-MAIL INFORMATION
1			HOME	E-MAIL
			WORK or CELL	AGE
2			HOME	E-MAIL
			WORK or CELL	AGE
3			HOME	E-MAIL
			WORK or CELL	AGE
4			HOME	E-MAIL
			WORK or CELL	AGE
5			HOME	E-MAIL
			WORK or CELL	AGE
6			HOME	E-MAIL
			WORK or CELL	AGE
7			HOME	E-MAIL
			WORK or CELL	AGE
8			HOME	E-MAIL
			WORK or CELL	AGE
9			HOME	E-MAIL
			WORK or CELL	AGE
10			HOME	E-MAIL
			WORK or CELL	AGE

➤ REFUND POLICY: \$30.00 SERVICE CHARGE OF THE APPROPRIATE SPORT'S FEE PRIOR TO REGISTRATION ENDING. AFTER REGISTRATION ENDS NO REFUNDS FOR ANY REASON. REQUEST FOR REFUNDS MUST BE MADE IN PERSON AT PSA M-F 9:30AM-5:30PM

PSA OFFICE USE ONLY				
DIVISION ASSIGNMENT				
Select :	Womens	Mens under 39 Rec	Mens under 39 Comp	Mens over 40 Rec Coed



Please type or print clearly. Payment information must correspond to the player's line number on the front.

Signature is required whether paying individual or by team.

Amount Paid	Signature	Payment Type	Name on Credit Card	Credit Card # or Drivers License:	Exp Date
1	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			
2	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			
3	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			
4	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			
5	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			
6	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			
7	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			
8	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			
9	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			
10	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			

Team Payment Information: **Payment Information (PSA Office Use Only)**

Team Registration Fee	\$450	# of players	x \$	\$
				Total Team Payment \$

\$\$ Name on Credit Card Please Print **Credit Card # or DL** **Exp Date**

	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex		
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WAIVER STATEMENT: PARTICIPANTS IN PSA SPORTS/ACTIVITIES UNDERSTAND AND ASSUME THE RISK ASSOCIATED WITH THEIR SPORT/ACTIVITY, THEREFORE, I HEREBY RELEASE ,DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS PSA FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES CAUSED BY OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF PSA OR OTHERWISE AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I OR ANYONE ELSE MAKE A CLAIM AGAINST PSA I WILL INDEMNIFY, SAVE AND HOLD HARMLESS PSA FROM ANY ATTORNEY FEES, LOSS, LIABILITY, DAMAGE OR COST ANYONE MAY INCUR AS A RESULT OF SUCH CLAIM. RETURNED CHECKS ARE SUBJECT TO A \$30.00 FEE.

REFUND POLICY: THERE ARE NO REFUNDS ON TEAM PAYMENTS. PLAYER CAN BE REPLACE UP UNTIL THE THIRD GAME.