



**Foothills**  
Park & Recreation District

**Clement Park Athletics Office**  
7306 W Bowles Ave  
Littleton, CO 80123  
Phone: 303-409-2615  
Fax: 303-409-2630

**Foothills Sports Arena**  
3608 S Kipling Pkwy  
Denver, CO 80235  
Phone: 303-409-2444  
Fax: 303-409-2440

# TEAM REGISTRATION FORM

Please Note: Foothills Park & Recreation District is in compliance with the Jake Snakenberg Youth Concussion Act, which requires a youth player (ages 19 and younger) to be removed from play if a concussion is suspected and can only return to play with medical authorization.

**DESIRED LEAGUE** (Please circle all classifications):

<b>Season:</b>	Winter	Spring	Summer	Fall		<b>Foothills ID number</b>
<b>Sport:</b>	Softball	Basketball	Volleyball	Soccer	Flag Football	
<b>Location:</b>	Easton Regional Park	Foothills Sports Arena	Lilley Gulch Recreation Center	Schaefer Athletic Complex	Ridge Recreation Center	Clement Park
<b>Night:</b>	Sun	Mon	Tue	Wed	Thu	Fri

**LEAGUE AND DIVISION:** \_\_\_\_\_  
(ie. Coed Comp, Men's Comp, Coed Open, Coed Rec)

Second choice if desired league is full: \_\_\_\_\_

**TEAM NAME** \_\_\_\_\_

MANAGER'S NAME \_\_\_\_\_ MAIN PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ 2<sup>ND</sup> DAY # \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

\*\*\*\*\*

ASSISTANT MANAGER'S NAME \_\_\_\_\_ MAIN PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_ 2<sup>ND</sup> DAY # \_\_\_\_\_

Did your team play in the Foothills league last year or last season? **YES NO** Which? \_\_\_\_\_  
If yes, what was the name of your team, if different than above? \_\_\_\_\_

Cash, Check with ID, Credit Card (VS, MC, DISC, AMEX) **Please call the Athletic Office or Foothills Sports Arena to give credit card number.** Amount to be charged \$ \_\_\_\_\_

STAFF USE BELOW THIS LINE

AMOUNT	DATE	PAYMENT	INITIALS
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____