



2018-19 Indoor Play Together Request Form



All parents of players registering at the NMSC, have the opportunity to submit a request for their child to play with ONE other player in the same age group. All requests must be made at the time of registration and are subject to the following conditions:

- 1) The request must be reciprocated. This means both players must complete this Play Together Request Form. Unreciprocated requests will not be accepted.
- 2) Requests must be dropped off at the office during office hours (or through the mail slot) on or before October 1st and both registrations must be paid in full Emailed or faxed-in requests will not be accepted
- 3) Registration at the NMSC is not dependant on the 'Play Together Request' being granted
- 4) Play Together Requests not being granted do NOT constitute a request for a refund. No refunds will be given!
- 5) All teams are finalized and players will not be moved unless there has been an office error.
- 6) Play Together Requests are NOT GUARANTEED.

ALL REQUEST FORMS MUST BE IN THE OFFICE ON OR BEFORE:

**** OCTOBER 1, 2018 ****

<u>PLAYER 1</u>	<u>PLAYER 2</u>
Name: _____	Name: _____
Year of Birth: _____	Year of Birth: _____
Age Div.: _____ Gender: _____ Day of Play: _____	Age Div.: _____ Gender: _____ Day of Play: _____
As the parent (guardian) of PLAYER 1 I would like to request that PLAYER 1 be placed on the same team as PLAYER 2. I agree to the conditions noted above and understand that this request is not guaranteed. I confirm that the registration for PLAYER 1 is not dependant on this request being granted.	As the parent (guardian) of PLAYER 2 I would like to request that PLAYER 2 be placed on the same team as PLAYER 1. I agree to the conditions noted above and understand that this request is not guaranteed. I confirm that the registration for PLAYER 2 is not dependant on this request being granted.
_____ Parent (Guardian) Name	_____ Parent (Guardian) Name
_____ Parent (Guardian) Signature	_____ Parent (Guardian) Signature
_____ Date	_____ Date

NMSC Office Use:

Received: _____ Date: _____ Reviewed By: _____ Date: _____

Granted: YES: _____ No: _____