



# 2015 ODFL TEAM REGISTRATION

**STEP 1:** FILL OUT THE CONTRACT AND INSURANCE INFORMATION IN THE ATTACHED DOCUMENT AND RETURN THE COMPLETED FORM ALONG WITH PAYMENT TO ODFL HEADQUARTERS.

**STEP 2:** VISIT [O-D.COM/EQ](http://O-D.COM/EQ) TO PURCHASE EQUIPMENT FROM OUR DEEPLY-DISCOUNTED SELECTION OF RIDDELL, SCHUTT, AND XENITH HELMETS AND SHOULDER PADS.

**STEP 3:** VISIT [LEAGUES.O-D.COM](http://LEAGUES.O-D.COM) TO VIEW OUR SELECTION OF STOCK GAME AND PRACTICE UNIFORMS OR TO GET A QUOTE ON CUSTOM GEAR FOR YOUR TEAM OR LEAGUE.



OFFENSE-DEFENSE SPORTS

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"O-D FOR LIFE"



### Offense-Defense Football League (ODFL) Registration Contract

This agreement, entered into on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between Offense-Defense Football League ("ODFL") and \_\_\_\_\_ ("Organization") will remain in effect for one (1) full year beginning on the day of this contract. At the conclusion of that time or at the annual ODFL Seminar during O-D Bowl Week, the organization will be reviewed and recommended for permanent membership status into the ODFL. With a permanent membership status, the organization will automatically be considered a member until one of the parties in this contract decides to terminate such agreement with probable cause. This registration contract is for organizations only not individual teams.

#### ORGANIZATION INFO

Organization Name: \_\_\_\_\_ Region: \_\_\_\_\_ District: \_\_\_\_\_  
(ODFL USE ONLY)

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Organization President Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Age Group of teams registering: 6U: \_\_\_ 8U: \_\_\_ 10U: \_\_\_ 12U: \_\_\_ 14U: \_\_\_ 16U: \_\_\_

Number of cheer clubs registering: 6U: \_\_\_ 8U: \_\_\_ 10U: \_\_\_ 12U: \_\_\_ 14U: \_\_\_ 16U: \_\_\_

#### Registration Fees

\*Total Number of Athletes: \_\_\_\_\_ X \$30.00 = Total Amount Due: \$\_\_\_\_\_

\*Please provide Team Roster of all athletes assigned so the appropriate league ID's may be completed.

#### PAYMENT Check Included

Name on Card (Please Print): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_ / \_\_\_

CV2 Security Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Signature indicates that you have read and are aware of the rules and requirements to become a member of the ODFL and freely elect to submit this application with non-refundable registration fees.



**INSURANCE: Premium Included With Membership Fees**

The ODFL will provide the standard insurance coverage for the organization as a part of the basic per member registration fee. The coverage provided will provide coverage for athletes, coaches, staff, officials, volunteers and named home field facility. Please complete the insurance application form and include with membership application package.

Do you currently have a policy in place?: YES / NO If so, date policy coverage ends: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please include the following:

1. The names, addresses, phone numbers and email of each board member.
2. The organizations constitution and by-laws or intended plans if help is needed.
3. The facility your organization intend to play home games. (If the facility is owned by someone other than the organization, there must be a letter accompanying the application stating they have permission to play there.)
4. Team colors and the team name they intend to play under.
5. Completed Insurance Application
6. Listing of each individual or participant of the organization that is to be considered a member.

**SIGNATURES**

Refer to the ODFL Rules and Guidelines or Bylaws for any points of agreement not detailed within this contract. By signing this document, you acknowledge that you have read and agreed to these rules, guidelines and bylaws.

\_\_\_\_\_  
ORGANIZATION PRESIDENT NAME

\_\_\_\_\_  
SIGNATURE Date

\_\_\_\_\_  
ODFL ADMINISTRATOR

\_\_\_\_\_  
SIGNATURE Date

