



3v3 Soccer Tournament All Ages Welcome

Join us and enjoy top-notch facility, competition, a friendly atmosphere, great food, awards, and a camaraderie unique to small-sided tournament play.

Official Registration for the Spring 2009 event is NOW OPEN! Register early, to benefit from the early registration discount and get your teammates and friends together and declare your team at this event.

Hickory Point Park

February 21st, 2009

Early Registration Fee: \$150

Late Registration: \$175

Registration Deadline: Feb. 7th, 2009

Check In: 8:00 am

Game Time: 9:00 am

Age Groups:

U-7,U-9,U-11,U-13,U-15,U-17 and Adults (18+ Open)

Tournament Director:

Anderson DaSilva (407) 375-8016 Anderson@bfut.net

For more information visit www.lakecountysoccerclub.com

Additional Information:

Teams may change their rosters up until team check in, as long as medical waivers accompany registration forms. After check in, rosters are frozen. Notify tournament director of all roster changes at the check in.

Each team will play a minimum of 3 games, players will receive an official 3 v 3 tournament t-shirt, division winners receive custom medals.

Tournament Staff reserves the right to modify, reschedule, or cancel the tournament due to inclement weather. The Tournament Director has the right to move or reschedule games, as well as the right to shorten game lengths.

Waiver Form

THIS FORM MUST BE MAILED IN WITH REGISTRATION.

Every player, and their parent or guardian if the player is under the age of 18, must read and sign this waiver form. Signatures on the registration form signify each person has read, understands and will abide by this information.

There are risks connected with my participation in this tournament and its related activities. I release and discharge Lake County Soccer Club, Inc., event sponsors, event charities (collectively known as event organizers) and the workers, employees and directors from all action, suits and demands whatsoever in law or in equity, including but not limited to, the risk of personal injury or death from playing in the tournament and the risk of loss of personal property by theft or otherwise.

Further, I hereby grant full permission for event organizers to record any or all of my participation in this event for photos, motion pictures, TV, radio, recordings and other media known or unknown, and to use them, no matter by whom taken, in any matter to publicity, promotions advertising trade or commercial purposes, without any reimbursement of any kind due to me, or the need to pay me any fee. This waiver will be available at every team check in and will need to be signed before you are able to play.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND LAKE COUNTY SOCCER CLUB, EVENT SPONSORS, EVENT CHARITIES (COLLECTIVELY KNOWN AS EVENT ORGANIZERS) AND THE WORKERS, EMPLOYEES AND DIRECTORS AND I HAVE SIGNED IT OF MY OWN FREE WILL.

TEAM NAME: _____ CLUB: _____

Player #1: _____
Print Signature (Parent/Guardian if under 18)

Player #2: _____
Print Signature (Parent/Guardian if under 18)

Player #3: _____
Print Signature (Parent/Guardian if under 18)

Player #4: _____
Print Signature (Parent/Guardian if under 18)

Player #5: _____
Print Signature (Parent/Guardian if under 18)

Player #6: _____
Print Signature (Parent/Guardian if under 18)

Medical Release Form

Print this form for each of the six (6) players on the team.

As the parent/legal guardian of _____, I request that in my absence, the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Players Date of Birth ____/____/____ Date of last Tetanus Booster ____/____/____

Known Allergies of this player, including any allergies to medications:

Any other medical problems which should be noted:

Family Physician: _____ Phone: (____) _____

Name of Parent/Guardian _____

Address: _____ City/State/Zip _____

Phone (H) _____ (W) _____ (C) _____

Person to notify if parent/guardian is unavailable _____

Phone (H) _____ (W) _____ (C) _____

Insurance Carrier _____ Policy Number _____

Signature of Parent/Guardian _____ Date _____

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me on the ____ day of _____, 20__.

Notary Signature

Notary Public in and for the State of _____

My commission expires: _____

Contact Information

Mail along with check payable to Lake County Soccer Club, Inc.
27343 SR 19, Tavares, Florida 32778

TEAM NAME: _____ **CLUB:** _____
 Boys Girls Coed Competitive Recreational Adult (18+)

COACH CONTACT (required)

Name: _____ Cell Phone: _____
Address: _____
Email: _____ Home Phone: _____

PLAYERS

Children: U7 U9 U11 U13 U15 U17
Adults: Men Women Coed

PLAYER 1 Birthdate: MM / DD / YY Boy Girl
Name: _____ Adult
Address: _____ T-Shirt: (Circle one)
City/State/Zip: _____ YM YL AS AM AL AXL
Email: _____

PLAYER 2 Birthdate: MM / DD / YY Boy Girl
Name: _____ Adult
Address: _____ T-Shirt: (Circle one)
City/State/Zip: _____ YM YL AS AM AL AXL
Email: _____

PLAYER 3 Birthdate: MM / DD / YY Boy Girl
Name: _____ Adult
Address: _____ T-Shirt: (Circle one)
City/State/Zip: _____ YM YL AS AM AL AXL
Email: _____

PLAYER 4 Birthdate: MM / DD / YY Boy Girl
Name: _____ Adult
Address: _____ T-Shirt: (Circle one)
City/State/Zip: _____ YM YL AS AM AL AXL
Email: _____

PLAYER 5 Birthdate: MM / DD / YY Boy Girl
Name: _____ Adult
Address: _____ T-Shirt: (Circle one)
City/State/Zip: _____ YM YL AS AM AL AXL
Email: _____

PLAYER 6 Birthdate: MM / DD / YY Boy Girl
Name: _____ Adult
Address: _____ T-Shirt: (Circle one)
City/State/Zip: _____ YM YL AS AM AL AXL
Email: _____