



Futskilz 3v3 Tournament Roster

Team Name: _____

Team Gender: Male Female Co-Ed

Team Captain: _____

Skill Preference: Recreational Competitive

Contact Person/Coach: _____

If any player has competitive experience, the entire team will be placed in a competitive bracket.

Day Phone: _____

Cell Phone: _____

Email: _____

AGE BRACKET
Check Age Of Oldest Player
If your team members span more than one age, you will be flighted into the oldest team member's division.

WAIVER

Every player — and their parent/guardian, if the player is under 18 — must read this waiver. Signatures on the registration form signify each person has read, understands and abides by this information. There are risks connected with my participation in this tournament/league and its related activities. I release, waive, discharge and covenant not to sue Futskilz Soccer Training, Team Championships International, event sponsors, event charities and their workers, employees and directors, from all actions, suits and demands whatsoever in law or in equity from demand, losses or damages on account of injury including death caused in whole or in part by the negligence of the releasee or otherwise. Players eligibility for NCAA, collegiate sports and local school districts vary. The event organizers are not responsible for determining each player's eligibility. Before registering, contact your coach or athletic director and ask how your eligibility would be effected, if at all, by registering for this tournament/league. Further, I hereby grant full permission for event organizers to record any and all of my participation in this event for photos, motion pictures, tv, radio, recordings, videotapes, and other media known or unknown, and to use them, no matter by who taken, in any manner for publicity, promotions, advertising, trade, or commercial purposes, without any reimbursement of any kind due to me, or the need to pay me any fee. Supplied electronic addresses will automatically be subscribed to Soccer Mail from www.kickit3v3.com. Futskilz Soccer Training and Team Championship has the right to use personal information to contact each player after the tournament/league dates.

- Adult 96's (8.1.95-7.31.96)
- 89's (8.1.88-7.31.90) 97's (8.1.96-7.31.97)
- 91's (8.1.90-7.31.91) 98's (8.1.97-7.31.98)
- 92's (8.1.91-7.31.92) 99's (8.1.98-7.31.99)
- 93's (8.1.92-7.31.93) 00's (8.1.99-7.31.00)
- 94's (8.1.93-7.31.94) 01's (8.1.00-7.31.01)
- 95's (8.1.94-7.31.95) 02's (8.1.01-7.31.02)

Player One (Captain): _____

Gender: _____ Age: _____ DOB: _____

Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day-Time Phone: _____

Cell Phone: _____

Email: _____

Signature: _____

Signature of parent if player is under 18. By signing you have read and agree to the waiver and rules.

Player Two: _____

Gender: _____ Age: _____ DOB: _____

Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day-Time Phone: _____

Cell Phone: _____

Email: _____

Signature: _____

Signature of parent if player is under 18. By signing you have read and agree to the waiver and rules.



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Player Three: _____
Gender: _____ Age: _____ DOB: _____
Parent Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Day-Time Phone: _____
Cell Phone: _____
Email: _____
Signature: _____
Signature of parent if player is under 18. By signing you have read and agree to the waiver and rules.

Player Four: _____
Gender: _____ Age: _____ DOB: _____
Parent Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Day-Time Phone: _____
Cell Phone: _____
Email: _____
Signature: _____
Signature of parent if player is under 18. By signing you have read and agree to the waiver and rules.

Player Five: _____
Gender: _____ Age: _____ DOB: _____
Parent Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Day-Time Phone: _____
Cell Phone: _____
Email: _____
Signature: _____
Signature of parent if player is under 18. By signing you have read and agree to the waiver and rules.

Player Six: _____
Gender: _____ Age: _____ DOB: _____
Parent Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Day-Time Phone: _____
Cell Phone: _____
Email: _____
Signature: _____
Signature of parent if player is under 18. By signing you have read and agree to the waiver and rules.