

Medfield Youth Soccer – 3 v 3 Tournament - Sunday, October 16

PLEASE PRINT CLEARLY!

Team Name: _____ Grade: _____ Gender: M or F (circle one)

Team Parent (Mandatory): _____ Phone #: _____

(Responsible for all communications to the team and have a parent present at each game.)

*Team Parent Email Address: _____

Player #1:

Name: _____ Date: _____

Address: _____ Phone#: _____

I hereby release and covenant to hold harmless the Medfield Youth Soccer League and its agents from any and all actions, claims and damages for losses, personal injuries and disabilities that my child may sustain or may incur as a result of his or her participation in this tournament.

Parent Signature: _____

Player #2:

Name: _____ Date: _____

Address: _____ Phone#: _____

I hereby release and covenant to hold harmless the Medfield Youth Soccer League and its agents from any and all actions, claims and damages for losses, personal injuries and disabilities that my child may sustain or may incur as a result of his or her participation in this tournament.

Parent Signature: _____

Player #3:

Name: _____ Date: _____

Address: _____ Phone#: _____

I hereby release and covenant to hold harmless the Medfield Youth Soccer League and its agents from any and all actions, claims and damages for losses, personal injuries and disabilities that my child may sustain or may incur as a result of his or her participation in this tournament.

Parent Signature: _____

REGISTRATION DEADLINE: Sunday, October 9th

Make one \$75 check per team payable to “Medfield Youth Soccer”

Return Completed Form with Payment to:

Greg Peterson, 2 Inness Circle, Medfield, MA 02052

Questions (Cell) 508 344-7172

***Registration Confirmations will be emailed to the parent listed above.**

****Eligible players must be in grades 1-8 and teams are comprised of the same gender.****

All are welcome; players do not have to be signed up for Medfield Youth Soccer.

This event is not sponsored by Medfield Public Schools