

## Kincardine Indoor Soccer Invitational

## **Registration Form**

Team Name:

Please Note: sponsor names will be printed on the t-shirts not the team name provided on this form. Team Contact's Name & Email Address:

Team Contact's Phone Number:

(preferred Method of Contact is Email, PhoneNumber will only be used if we need to contact the team immediately)

Team Roster: (Name of Player must be printed and signed, the signature acknowledges the waiver of liability information below. Every individual wishing to play in the tournament must sign this form; however, this can be done at the tournament as long as we have all signatures before the first game.)

1.	Sign:	Date:
2.	Sign:	Date:
3.	Sign:	Date:
4.	Sign:	Date:
5.	Sign:	Date:
6.	Sign:	Date:
7.	Sign:	Date:
8.	Sign:	Date:
9.	Sign:	Date:
10.	Sign:	Date:
11.	Sign:	Date:
12.	Sign:	Date:

This is to acknowledge that the Team Contact is responsible for the conduct of his/her players during this tournament. There will be no refunds issued for teams that are disqualified due to inappropriate behaviour. The tournament is taking place in a public facility and all tournament players, spectators, team contacts, etc. need to respect the other users of the facility at all times. WAIVER OF LIABILITY:

EACH TEAM ACKNOWLEDGES THAT SOCCER IS A CONTACT SPORT AND THEY ARE PARTICIPATING IN THE TOURNAMENT AT THEIR OWN RISK. EACH TEAM AGREES THAT THE ORGANIZING BODY AND THE MUNICIPALITY OF KINCARDINE CANNOT ACCEPT THE RESPONSIBILITY OR LIABILITY FOR ANY INJURIES SUSTAINED DURING THIS TOURNAMENT, EACH TEAM WILL BE RESPONSIBLE FOR THEIR OWN PLAYERS, AND ANY INJURIES THAT MAY OCCUR.

TEAM CONTACT'S SIGNATURE:\_\_\_\_

\_\_\_\_\_ DATE: \_

Entry Fee: \$300

\*please make cheques payable to Michelle Goetz

Mail Entries to: RR#1 Kincardine, ON N2Z 2X3

Email Entries to: mgoetz13@hotmail.com Or Drop entries off at the Davidson Centre in Kincardine 601 Durham St.

For More information contact Michelle at 226-222-0440 or mgoetz13@hotmail.com