*Rock On! 3v3 Soccer Tournament*

*May 27 & 28, 2017*

$130/Team (Youth Division)

*Click inside the colored box to type your answer. PLEASE COMPLETE ALL BOXES.*

*Print to mail, or save to your computer to email as an attachment.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Team Name: |  | Division (U8-U18):(**2016-2017** season) | U- |  | Boys |  | Girls |  | Level of Play:(Rec, Select, Premier) |  |
| Club: |  | Association: |  |
| Team Contact: |  | Home Phone: |  | Cell Phone: |  |
| Email Address *(This is how we will contact you)* : |  |
| Mailing Address: |  | City/State/Zip: |  |
| Coach: |  | Email: |  | Phone(s): |  |
| (Type) Signature: |  | Date: |  |
| By my signature above, I, as Team Representative, do hereby assure the Rock On! 3v3 Soccer Tournament and North Whidbey Soccer Club that I have shared the Rock On! Medical Release and Liability Waiver with all of my players' parents, and all have agreed to its content. MEDICAL RELEASE AND LIABILITY WAIVER: I understand that soccer is a strenuous and potentially dangerous sport. I do hereby authorize the Tournament Representatives to act as Agents for my child and to consent to emergency medical, surgical, or dental examinations, treatments, etc. In addition, I hereby release and discharge Rock On!, North Whidbey Soccer Club, and any sponsoring organizations from any and all claims for personal injuries. I agree that pictures may be taken and used for future promotional purposes. |
| Credit Card Number:(Visa, MasterCard, American Express, Discover) |  | Expiration Date: |  | CVV: |  | Billing Zip: |  |

|  |  |  |  |  |  |  |  |
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| Players(May include players from different organizations) | First Name | Last Name | DateofBirth | ShirtSize(YM, YL, AS, AM, AL, AXL) | Jersey #(on shirt player will be wearing during tournament play) | Current Soccer Club (or "none") | ONLY players who have **not** played with a club team this season (9/2016 - 5/2017) need mandatory field insurance coverage. Those players need to pay an additional $3 each, complete this column and a Medical Release Form, and provide a **copy of their birth certificate** with this registration. |
| *PLAYER 1* |  |  |  |  |  |  | Address: Phone:  |
| *PLAYER 2* |  |  |  |  |  |  | Address: Phone:  |
| *PLAYER 3* |  |  |  |  |  |  | Address: Phone:  |
| *PLAYER 4* |  |  |  |  |  |  | Address: Phone:  |
| *PLAYER 5* |  |  |  |  |  |  | Address: Phone:  |
| *PLAYER 6**(****U8-U10 only****)* |  |  |  |  |  |  | Address:Phone: |

Required: 1) Registrar-signed **ROSTER** from club or association which reflects **concussion compliance** for all participants (unless NWSC fall 2016 or spring 2017 player)

 2) If other than Washington Youth Soccer (WYS), a copy of **PROOF OF INSURANCE** through your USSF organization

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| ***Register by MAIL:***Send completed form, along with payment ($130 credit card payment or check made out to NWSC), and all required paperwork to: **Rock On! 3v3/NWSC**PO Box 2896 \* Oak Harbor, WA 98277 | ***Register by EMAIL:****From your Team Contact email*, send completed form and all required paperwork as attachments to: **riverpowers@yahoo.com.**An invoice will be emailed to you. |

***Registration is not complete until we have received all required paperwork and payments.***

**REGISTRATION DEADLINE**: Monday, **May 15**, 2017

***NO DOGS ALLOWED on Tournament grounds***

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| 2017 ROCK ON! AGE GROUPS | Please help us by answering a few questions |
| **AGE GROUP** | **BORN IN…** | **AGE GROUP** | **BORN IN…** | **How did you hear about the tournament?** | **How many will be in your party?** |  |
| U8 | 2009 or later | U14 | 2003 |  Played before |  |  Soccer players |  |
| U9 | 2008 | U15 | 2002 |  Flyer/Poster |  |  Supporters |  |
| U10 | 2007 | U16 | 2001 |  Facebook |  | **How many nights in Oak Harbor?** |  |
| U11 | 2006 | U17 | 2000 |  Instagram |  |  Staying in a hotel/bed & breakfast |  |
| U12 | 2005 | U18 | 1999 |  Word of mouth |  |  Camping |  |
| U13 | 2004 |  |  |  Club or State website |  |  Staying with friends/family |  |