



2010 JACOBS BOYS AND GIRLS



CLASSIC TOURNAMENT APPLICATION

AGE BRACKET U _____ BOYS JERSEY COLORS _____ ALTERNATE _____
 circle one please GIRLS

CLUB NAME _____ TEAM NAME _____

COACH _____ TEL# _____ CELL# _____

ADDRESS _____

E-MAIL _____ COACH SHIRT SIZE S M L AXL 2X

ALTERNATE CONTACT _____ TEL# _____

CLUB REGISTRAR _____ TEL# _____

FLIGHTING INFORMATION

TOTAL FLIGHTS IN YOUR AGE GROUP: _____ COMPETITIVE _____ RECREATIONAL _____

RECORD WON _____ LOST _____ GOALS FOR _____ GOALS AGAINST _____

RANK TEAM SKILL LEVEL (low) 1 2 3 4 5 6 7 8 9 10 (high)

For this tournament, Where do you prefer to be flighted: Age _____ Flight _____

What other tournament have you participated in during 2009/2010 season?

Name of tournament	Location	Flight # of Flight	Finish
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

ROSTER

IDENTIFY GUEST PLAYER(S) WITH AN ASTERISK (*)

PLAYER (last, first)	BIRTH DATE	PLAYER PASS NUMBER
1 _____	_____	_____ -
2 _____	_____	_____ -
3 _____	_____	_____ -
4 _____	_____	_____ -
5 _____	_____	_____ -
6 _____	_____	_____ -
7 _____	_____	_____ -
8 _____	_____	_____ -
9 _____	_____	_____ -
10 _____	_____	_____ -
11 _____	_____	_____ -
12 _____	_____	_____ -
13 _____	_____	_____ -
14 _____	_____	_____ -
15 _____	_____	_____ -
16 _____	_____	_____ -
17 _____	_____	_____ -
18 _____	_____	_____ -

Waiver of Liability: As representative of this participating team, to induce TMSFC to accept this team application and permit participation in the tournament do hereby release, indemnify, and hold harmless the TMSFC, official sponsors, coaches, referees, and/or representatives from any claims arising from an injury to a player named participant if this team and hereby certify each registered player is covered by and approved medical insurance plan as required by youth soccer. I acknowledge that if this team drops out of the tournament after the deadline, it will forfeit its entry fee. I recognize and acknowledge that adverse weather is an act of God and agree to accept decisions of tournament officials and park officials as to playability and therefore the outcome of competition without appeal, objections, or compensation whatsoever.

 Signed Print Name/Position Date

.....
 For official use only

Payment \$ _____
 Check # _____ Bank _____
 Cash _____
 Date _____

RECEIVED _____

1 Registration/Medical Release _____
 2 Loan Papers _____
 3 Travel Papers _____
 4 Coaches Shirt _____