

# GOLDEN ISLES SOCCER ASSOCIATION 3v3 TOURNAMENT

## Roster / Medical Waiver Form

### National Championship Qualifier

Team Name: \_\_\_\_\_ Club (if applicable): \_\_\_\_\_

check one: MALE/COED[ ] FEMALE[ ] check one: REC[ ] COMP[ ]

AGE GROUP:(U6\_\_) (U8\_\_) (U9\_\_) (U10\_\_) (U11\_\_) (U12\_\_) (U13\_\_) (U14\_\_) (U15\_\_) (U16\_\_) (U17\_\_) (U18\_\_)

ADULTS: [ ] COED [ ] ADULT OPEN REC [ ] ADULT OPEN COMP [ ] OVER 30 [ ] WOMEN

Coach Name \_\_\_\_\_ Contact Name (must have) \_\_\_\_\_

Coach Address \_\_\_\_\_ Contact Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Coach Email \_\_\_\_\_ Contact Email (must have) \_\_\_\_\_

Coach Phone \_\_\_\_\_ Contact Phone \_\_\_\_\_

**CAPTAIN Birthdate** MM / DD / YYYY male[ ] female[ ]

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

Player or Parent/Guardian (if player is under 18)

**PLAYER 2 Birthdate** MM / DD / YYYY male[ ] female[ ]

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

Player or Parent/Guardian (if player is under 18)

**PLAYER 3 Birthdate** MM / DD / YYYY male[ ] female[ ]

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

Player or Parent/Guardian (if player is under 18)

**PLAYER 4 Birthdate** MM / DD / YYYY male[ ] female[ ]

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

Player or Parent/Guardian (if player is under 18)

**PLAYER 5 Birthdate** MM / DD / YYYY male[ ] female[ ]

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

Player or Parent/Guardian (if player is under 18)

**PLAYER 6 Birthdate** MM / DD / YYYY male[ ] female[ ]

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

Player or Parent/Guardian (if player is under 18)

**Acceptance of Sportsmanship, Responsibility, and Waiver:**

Every player (or parent /guardian if the player is under the age of 18) must sign this form. Signatures on this form signify that each person has read, understands and will abide by this information and the rules of the tournament. There are risks associated with participation in this tournament and its related activities. I release and discharge Florida Challenge Sports Events Inc., Golden Isles Soccer Association, Event Sponsors (collectively known as event organizers) and the workers, volunteers, employees and Directors from all action, suits and demands whatsoever in law or in equity, including but not limited to, the risk of personal injury or death from playing in the tournament and the risk of loss of personal property by theft or otherwise. I acknowledge that medical insurance is not provided. The event organizers are not responsible for any effect participation may have on player eligibility for other sports activities. I hereby grant permission for event organizers to record any or all of my participation in this event for photos, videos, motion pictures, TV, radio and other media, and to use them, no matter by whom taken, in any matter for publicity, promotions, advertising, trade or commercial purposes without need for any reimbursement or fee paid to me.

Please bring this form to check-in. A non-refundable registration fee must be received by five (5) days prior to the event to complete registration. Payment can be made online at [www.goldenislesoccer.com](http://www.goldenislesoccer.com), or by mail to: GISA – 3v3, P.O Box 21752. St. Simons Island, GA, 31522. Fees are listed on our website.