

# CITY SPORTS on 4

## TOURNAMENT ENTRY AND RELEASE FORM

Division:

- Boys  
 Girls

TEAM NAME: \_\_\_\_\_

TEAM COACH: \_\_\_\_\_

Age:  10U  11U  12U  13U  14U  15U  16U  17U

A or B?

Tournament:  April 24 - 26  May 16 - 17  May 30 -31  June 6 - 7  June 13 - 14

In consideration of the acceptance of the right to participate; the undersigned hereby voluntarily release, discharge, waive, and relinquish any and all actions or courses of action for personal injury, property damage, or wrongful death arising as a result of engaging in, or receiving instructions in, said activity or any activities incidental thereto wherever or however the same may occur and for whatever periods that activities or instruction may continue, and the Undersigned does for himself, his ward, heirs, executors, administrators, and assigns hereby release, waive, discharge and relinquish in any action or course of action, aforesaid, which may hereafter arise for himself and for his ward, and agrees that under no circumstances will he or his ward, heirs, executors, administration administrators, and assigns prosecute, present any claim for personal injury, property damage, or wrongful death against City Sports on 4 or any of its officers, agents, servants, or employees for any of said causes of action, whether the same shall arise by the negligence of said persons or otherwise.

The undersigned represents and warrants that s/he has the full and legal authority to act on behalf of any and all participants noted herein, and that each such participant is otherwise capable of reading and understanding this document.

HEAD COACH: \_\_\_\_\_ Phone: 1) \_\_\_\_\_ 2) \_\_\_\_\_

EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

ASS'T COACH: \_\_\_\_\_ Phone: 1) \_\_\_\_\_ 2) \_\_\_\_\_

EMAIL: \_\_\_\_\_ @ \_\_\_\_\_

SIGNATURE FOR TEAM: \_\_\_\_\_

### TEAM ROSTER

	Name	Phone #	Email	Grade	Age
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

#### Payment Information

Please make all Checks payable to: **City Sports on 4**

Card type: VISA    Mastercard	Card #:	Name as appears on card:	Expires:	CVV/CVV2:
Check #:	Amount:	Received by (Office use only):	Date:	

**Team Entrance Fee: \$350**

SIGNATURE (for credit card): \_\_\_\_\_