



**4th ANNUAL VELASQUEZ MEMORIAL SCHOLARSHIP
SOCCER TOURNAMENT**

4v4 and/or 7v7 GAMES

TEAM REGISTRATION FORM

Friday, August 4th – Sunday, August 6th

Teams Will Be Notified via Email of Assigned Game Field

TEAM NAME:

As captain, I hereby confirm I have the players consent to register the team named above to play in the Velasquez Memorial Scholarship Soccer Tournament. I understand that the tournament games are based on age group - U7-U8: 4v4 games; with at least 4 players registered and U9-Adults:7v7 games; with at least 7 players registered to qualify as a team. I also understand that all games will be conducted in a friendly manner.

U- _____
 Age *Captain's Printed Name* Date *Captain's Signature* Date

TEAM ROSTER INFORMATION

Completed form and payment **due by July 17, 2017**. Registration cost for U7-U8 is \$200 per team – max 8 on roster. U9-U17 is \$300 per team – max 12 on roster. Adult registration cost is \$300 minimum - \$25 for additional players. This will include a registration bag. At minimum, all teams will play **2** games. Tax Deductible **Payment options:** Check payable to Project 150; Cash; Credit Card; or online via PayPal at www.project150.org. Include Event name on your payment (Velasquez Memorial Scholarship Soccer Tournament). **Contact information must be provided for each player.**

Player's Name (Please put an * next to the captain's name)	DOB	Gender	Mobile Phone	Email
1.)				
2.)				
3.)				
4.)				
5.)				
6.)				
7.)				
8.)				
9.)				
10.)				
11.)				
12.)				
13.)				
14.)				

Event Committee Use Only:

Registration Payment Received on _____ by _____ Amount \$ _____ Cash or Check

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Participants & Volunteer Waiver

Name _____ Age _____ Gender _____

Address _____

City _____ State _____ Zip _____

Team Name _____ Phone _____ Email _____

Acknowledgement of Risk, Release of Liability and Indemnification Agreement

This agreement is given by the undersigned soccer tournament participant and/or volunteer, and its respective divisions and associations, employees, agents, members, sponsors, promoters and affiliates (Collectively "Releasees")

I acknowledge that this soccer tournament is an inherently dangerous sport in which I participate at my own risk and that the Velasquez Memorial Scholarship Soccer Tournament and its collaborating agencies, sponsors, and volunteers, are not held liable for any injuries during my participation. I, individually and on behalf of my heirs, executors, administrators, legal representatives, successors, and assigns, release and forever discharge, hold harmless, indemnify, including as to attorney fees, and promise not to sue Releasees on, from or against, and waive, any claims, damages, expenses or demands arising directly or indirectly from or attributable in any way to the negligence, action or failure to act of any Releasees in connection with the sponsorship, organization or execution of any sporting event, including travel to and from such event, in which I may participate player, team member, volunteer, staff or spectator or in any other manner. Every term and provision in this agreement is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

I currently have no known physical or mental condition that would impair my capability and am fit to fully participate in endurance sporting events.

Participant's Printed Name

Participant's Signature

Date

For Minors:

PARENT OR GUARDIAN MUST COMPLETE THE FOLLOWING

I, as parent or guardian of the participant, represent to the Releasees that the facts herein concerning my child or ward are true. I give my permission for my child or ward to enter, play, volunteer or work as staff in any endurance event organized by Velasquez Memorial Scholarship Soccer Tournament, or its associations during the period of the license applied for, and further, in consideration of the granting of such license, agree, individually and on behalf of my child, to the terms of the above agreement.

Participant's Printed Name Participant's Parent's Printed Name Parent's Signature Date

REGISTRATION CHECK LIST

1. Select players
2. List names and contact information on Team Registration form
3. Team roster form must be completed with at least 4 to 7 players depending on age group.
4. Team roster cannot exceed 8 players for U7-U8 teams and 12 players for U9-U17 teams.
5. Individual waivers signed by each player
6. Registration cost for U7-U8 is \$200 per team. U9-U17 is \$300 per team. Adult registration cost is \$300 minimum. This will include a registration bag.
7. Tax Deductible Payment Options: Check payable to Project 150;
Cash; Credit Card; or online at via PayPal at www.project150.org

Please visit www.Project150.org or
Visit our Facebook Project 150 Youth Council for
event updates and pictures

Tournament Coordinators

Senia Roybal
Senia.roybal@project150.org
702-721-7150

Tony Munoz
nlpoacc@yahoo.com