



4v4 Festival of Soccer

Team Name _____ Team Gender : ___Boys___ Girls___ Coed

Contact Person _____ Phone: () _____

Address _____ City _____ St _____ Zip _____

Email _____ Team Level Recreation Competitive

Division (circle one): U8 U9 U10 U11 U12 U14

Player 1
Name: _____
Address: _____
City _____ St _____ Zip _____
Age: _____ DOB _____
Primary Ph _____
Email _____

Circle T-shirt Size: YS, YM, YS, AS, AM, AL

Signature of Parent/guardian if player is under 18

Player 2
Name: _____
Address: _____
City _____ St _____ Zip _____
Age: _____ DOB _____
Primary Ph _____
Email _____

Circle T-shirt Size: YS, YM, YS, AS, AM, AL

Signature of Parent/guardian if player is under 18

Player 3
Name: _____
Address: _____
City _____ St _____ Zip _____
Age: _____ DOB _____
Primary Ph _____
Email _____

Circle T-shirt Size: YS, YM, YS, AS, AM, AL

Signature of Parent/guardian if player is under 18

Player 4
Name: _____
Address: _____
City _____ St _____ Zip _____
Age: _____ DOB _____
Primary Ph _____
Email _____

Circle T-shirt Size: YS, YM, YS, AS, AM, AL

Signature of Parent/guardian if player is under 18

Player 5
 Name: _____
 Address: _____
 City _____ St _____ Zip _____
 Age: _____ DOB _____
 Primary Ph _____
 Email _____

Circle T-shirt Size: YS, YM, YS, AS, AM, AL

Signature of Parent/guardian if player is under 18

Player 6
 Name: _____
 Address: _____
 City _____ St _____ Zip _____
 Age: _____ DOB _____
 Primary Ph _____
 Email _____

Circle T-shirt Size: YS, YM, YS, AS, AM, AL

Signature of Parent/guardian if player is under 18

Player 7
 Name: _____
 Address: _____
 City _____ St _____ Zip _____
 Age: _____ DOB _____
 Primary Ph _____
 Email _____

Circle T-shirt Size: YS, YM, YS, AS, AM, AL

Signature of Parent/guardian if player is under 18

Player 8
 Name: _____
 Address: _____
 City _____ St _____ Zip _____
 Age: _____ DOB _____
 Primary Ph _____
 Email _____

Circle T-shirt Size: YS, YM, YS, AS, AM, AL

Signature of Parent/guardian if player is under 18

Waiver Signatures on the registration form signifies each person has read, understands and abides by this information. There are risks connected with my participation in this tournament and its related activities. I release, waive, discharge and covenant not to sue Warner Sports Promotions Inc. and the City of Tallahassee Park and Recreation Department and its affiliated organizations, event sponsors, event charities and their workers, employees and directors or from all action, suits and demands whatsoever in law or in equity from demand, losses or damages on account of injury including death caused in whole or in part by negligence of the release or otherwise. The event organizers are not responsible for determining each players eligibility. Further, I hereby grant full permission for event organizer to record any or all of my participation in this event for photos or other media know or unknown and to use them , no matter by who taken, in any manner for publicity, promotions without any reimbursement of any kind due me, or the need to pay me fees.

Team Fee: \$100 per team

All checks must be made payable to Warner Soccer

Charge Payment to: Visa MasterCard

Amount to charge: _____

Account# _____/_____/_____/_____

Exp. Date: ____/____

Registration can only be secured by sending your application and tournament fee to:

WARNER SOCCER/1695-4 Metropolitan Circle/Tallahassee, FL 32308

Contact: 850-386-3866

