

4Goals
7v7 U-19 Tournament

APPLICATION

Fee: \$400 per Team
\$60 per Player

Name

Address

City, State, Zip

E-mail

Phone

Tournament TEAM Name

School/Club

Year

Position

Please make checks payable to; Debra Brickey

And mail to: Debra Brickey
65 Main Street
East Haddam CT 06423

*To register online by credit card,
please visit our website at:
www.4goals.net*

Waiver and Insurance Information

All players must have their own medical coverage. Players will not be allowed to play unless the following information is submitted and the form is signed by participant and/or guardian.

Players' Insurance Company

Insurance Company Address and Phone Number

Policy Number

I, the undersigned, hereby give permission for the staff of the Tournament to seek appropriate medical attention for the player during the period of the Tournament and for the medical attention to be given and for the player to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical coverage policy. I further certify that I am of good health and have no physical or other impediment which would endanger me from participating in the tournament.

I, for myself, my heirs, executors, and assigns, hereby waive, release, and discharge the University, 4Goals, its officers, agents, and employees ("releases"), from any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the tournament, and I further agree to indemnify and hold harmless the University, 4Goals, its officers, agents, and employees from liability claim or action for damages which in anyway arise out of my participation in this tournament, even though that liability may arise out of negligence of carelessness on the part of releaseses.

I further understand that accidents may occur during tournament play and that participants in the tournament may sustain personal injuries and or property damage as a consequence thereof. Knowing the risks of such activity, I hereby agree to assume those risks and to release and hold harmless the University, 4Goals, its officers, agents, and employees from any liability to me or my heirs or assigns for damages arising out of or related to my participation in the tournament.

Player Signature

Guardian Signature

Date