

Winter ICE 3 vs. 3 Soccer Tournament Registration

Please register by mail with this form.

*Registration is not finalized and place in the tournament not held until payment is received!

Team Name: _____

Representing (City and State): _____

Team Contact's Name: _____

Contact's phone#: _____

Contact's email: _____

Division (Please circle one): Gender (Please circle one):

1-2 grade, 3-4 grade, 5-6 grade, 7-8 grade, High School

BOYS GIRLS

PAYMENT Team entry fee of \$75 must accompany this application.

Check Enclosed (payable to Mason City Soccer Club)

MAIL TO:

Mason City Soccer Club

ATTN: Winter Ice 3 on 3

PO Box 831

Mason City, IA 50401

Application Deadline: February 1st, 2019

TEAM CHECKIN INFORMATION

All teams must check in at least 30 minutes before their first game. To be eligible to compete, your team must present:

- Waiver /Roster Form : filled out completely for each player, including a guardian's signature for each player under 18. Note: please use as many sheets as you need. You can fit up to 5 players per page. We will keep your Waiver/Roster Forms on file

To be allowed to participate in any way in this tournament, hosted by Mason City Soccer Club, the undersigned:

1. Agree that prior to participating, they each will inspect the facilities and equipment to be used, and if they

believe anything is unsafe, they will immediately advise an onsite supervisor of such conditions and refuse to participate.

2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might

result from their own actions, inactions or negligence; others' actions, inactions or negligence; the rules of play; the condition of the premises or of any equipment used. Also, acknowledge and fully understand that

there may be other risks not known or reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following injury, permanent disability or death.

4. Release, waive discharge and covenant not to sue the facility (North Iowa Area Community College) and host (Mason City Soccer Club), their affiliated clubs, their respective administrators, directors, agents, coaches, employees; other participants, sponsoring agencies, advertisers, and any owners and leasers of premises used for the events; all of which are hereinafter referred to as "releases," from demands, losses, or

damages on account of any injury, including death or damage of property.
BY SIGNING THE ROSTER, YOU ACKNOWLEDGE YOU HAVE READ THE ABOVE WAIVER AND
RELEASE, AND YOU UNDERSTAND THAT YOU HAVE GIVEN UP RIGHTS BY SIGNING, AND YOU
HAVE SIGNED IT VOLUNTARILY.

Team players

1. _____ **Grade.** _____

Parent's Email Address. _____

Parent signature. _____ **Date.** _____

2. _____ **Grade.** _____

Parent's Email Address. _____

Parent signature. _____ **Date.** _____

3. _____ **Grade.** _____

Parent's Email Address. _____

Parent signature. _____ **Date.** _____

4. _____ **Grade.** _____

Parent's Email Address. _____

Parent signature. _____ **Date.** _____

5. _____ **Grade.** _____

Parent's Email Address. _____

Parent signature. _____ **Date.** _____