

Soccer KICKS

NEW DATE: August 7th

~~**June 5th & 6th**~~
2010

3 v 3 Tournament

Up to Five Players Per Team

3rd grade thru 11th grade

Minimum of three games per team.

Awards for Top Team in each division.

Deadline to register: May 24th*

***Divisions may fill prior to this date. First come basis.**

Sponsored By Gillam-Grant Community Center, Byron-Bergen

Soccer KICKS

Byron-Bergen
Gillam-Grant Community Center

3 v 3 Tournament

NEW DATE: August 7th

2010

TEAM Registration Form

TEAM INFO

PLAYER #1 Name: _____

Tel: _____

Email: _____

Male Female Birthdate: _____ Age: _____

Parent Signature: _____

PLAYER #2 Name: _____

Tel: _____

Email: _____

Male Female Birthdate: _____ Age: _____

Parent Signature: _____

PLAYER #3 Name: _____

Tel: _____

Email: _____

Male Female Birthdate: _____ Age: _____

Parent Signature: _____

PLAYER #4 Name: _____

Tel: _____

Email: _____

Male Female Birthdate: _____ Age: _____

Parent Signature: _____

PLAYER #5 Name: _____

Tel: _____

Email: _____

Male Female Birthdate: _____ Age: _____

Parent Signature: _____

ABOUT THE TOURNAMENT

The 2010 Soccer KICKS 3 v 3 Tournament is on June 5th & 6th at Gillam-Grant Community Center & Byron Bergen Central School fields. Please report to the pavilion behind Gillam-Grant. Each team plays a min. of three games.

Awards presented to top team in each division.

Complete details including the schedule will be given (emailed) to the registered teams prior to the day of the tournament. Tournament rules and forms can be found at gillamgrant.org. Teams must have a coach or a parent representative. All players parents must sign the consent. Registrations can be mailed to or dropped off

at **Gillam-Grant Community Center,**
6966 West Bergen Rd., Bergen NY 14416 or
Fax 494-2395 for credit card payment.

For info call Peggy at 494-1621.

ADMIN INFO

Requested Team Name: _____

Team Coach or Parent Rep: _____

Telephone# _____

Email: _____

Mark the grade level that the team's oldest player is entering:

3rd/4th grade 7th/8th grade

5th/6th grade 9th/10th/11th

Male Female Coed play in male division.

PAYMENT INFO

\$10 per player. (Min 3 - Max 5 players per team)

\$ _____ Total amount enclosed. Do Not Mail Cash.

Paid By: cash check MC VISA Discover

Make Checks Payable to: **Gillam-Grant Community Center**

If paying by credit card, please complete below:

Name of Card Holder: _____

Card# _____ Exp. _____

Cardholder Signature _____

Liability Release: In consideration of the acceptance of my application for the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury or property which I may have, or which hereafter accrue to me, as a result of participation in this soccer tournament. It is understood that recreational activities involve an element of risk, and knowing those risks, I hereby assume those risks and hold harmless the Gillam-Grant Community Center, Inc. and the Byron Bergen Central School District. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. **REGISTRATION DEADLINE: May 24th, however divisions may be full prior to that date.**