

# Rod Thomas Memorial 6 v 6 Soccer Tournament

Sponsored by: Colton Volunteer Fire Department

To Benefit: Colton Fire Department and Rod Thomas Scholarship Fund

Date: July 30, 2016

Location: Swift Field South Colton, NY

## Adult Player Registration Form (Coed Open Division)

Must be 18 years or older!

All Registrations due by 7/15/16      Entry Fee: \$15/player

Team Name/Captain: \_\_\_\_\_

Must be completed to associate player with a specific team.

### Player's Information

Player's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Gender:    Male / Female

### Medical Information

Please list any allergies or other medical conditions and any medications you currently take:

### In an emergency, please contact the following:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Liability Waiver, Release and Indemnification Agreement

I recognize the possibility of physical injury associated with soccer and voluntarily accept and assume this risk as part of my playing soccer in the above named tournament.

I hereby waive, release, discharge and otherwise indemnify any and all claims for damages which may have, or hereafter accrue, to myself as a result in participating in this event. I hereby release, discharge and indemnify the Colton Volunteer Fire Department Corporation, Colton-Pierrepont Central School and the Town of Colton, their employees and associated personnel against any claim by or on behalf of myself as a result of my participation in this event.

Player's Signature: \_\_\_\_\_

Return Completed Forms by email, fax or mail.

(Checks or money orders payable to Colton Fire Department should be mailed to address below)

Jeff & Angel Angleberger  
Thomas Soccer Tourney  
124 County Route 58  
Colton, NY 13625

Fax:  
315-262-3104

Email:  
[anglejeff@aol.com](mailto:anglejeff@aol.com)  
[angofny@aol.com](mailto:angofny@aol.com)

*Tournament Use Only*

Payment Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Date: \_\_\_\_\_