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| **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: August 3, 2019****Location: Swift Field South Colton, NY** |
| **Adult Player Registration Form (Coed Open Division)****Must be 18 years or older!****All Registrations due by 7/31/19 Entry Fee: $20/player** |
| **Team Name/Captain:** |  | Must be completed to associate player with a specific team. |
| **Player’s Information 󠅙 Please select one: 30 & Under 31 and Over** |
| 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| 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 AnglebergerThomas Soccer Tourney124 County Route 58Colton, NY 13625 | Fax:315-262-3104 | Email:anglejeff@aol.comangofny@aol.com  |
| *Tournament Use Only* |
| Payment Received: |  | Received By: |  | Date: |