|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | | | | | | | | | | |
| 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: | |