

**Alfred University Soccer Kickoff Classic**

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| **Roster/Waiver Release Form – One Form Per Team** |

**Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***8 teams per bracket, first come- first serve!***

**Age Division: \_\_\_\_ 3rd/4th Girls \_\_\_\_ 3rd/4th Boys \_\_\_\_ 5th/6th Girls \_\_\_\_ 5th/6th Boys**

**Coach Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Coach Email(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Release: By enrolling the below-named child in this tournament, I certify that he/she is of normal health, and capable of safe participation in the tournament. I recognize that there are inherent dangers in sport, and I assume all risks and hazards incidental to this tournament. I authorize medical treatment for this player if he/she becomes injured unless I am personally present to waive such treatment. I am responsible for any medical bills arising from such treatment. Alfred University and its affiliates cannot accept the responsibility or liability for any injuries sustained during this tournament.** |

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| **ROSTER** | **5 Player Minimum****10 Player Maximum** |

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| **Player Name** | **DOB** | **Grade** | **Medical Conditions** | **Parental Signature** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |
| **7.** |  |  |  |  |
| **8.** |  |  |  |  |
| **9.** |  |  |  |  |
| **10.** |  |  |  |  |

 **Registration Fee: Mail Check to: Contact:**

 **$125 due by 1/1/2025 Alfred University Jason Honeck**

 **Check- made payable to 1 Saxon Drive Alfred, NY 14802 email: honeck@alfred.edu**

 **Alfred University mobile: (716) 474- 8185**

 **Memo: Youth Soccer Tournament**