Alfred University Soccer Kickoff Classic

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): _____
Coach Phone #: _____

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.

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

Registration Fee:
$125 due at the tournament
Check- made payable to
Alfred University
Memo: Youth Soccer Tournament

Mail Check to:
Alfred University
1 Saxon Drive Alfred, NY 14802

Contact:
Jason Honeck
email: honeck@alfred.edu
mobile: (716) 474- 8185