



# 2027 Twin Tiers Winter Classic

## Roster/Waiver Release Form – One Form Per Team

Allegany Community Center Arena, 3677 Administration Drive, Salamanca, New York

Boys – Saturday, February 27th      Girls – Sunday, February 28th

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

*10 teams per division for G4, G6. 5 teams per division for G8, HS. First come, first serve!*

Age Division: \_\_\_\_\_ 3<sup>rd</sup>/4<sup>th</sup> Girls    \_\_\_\_\_ 3<sup>rd</sup>/4<sup>th</sup> Boys    \_\_\_\_\_ 5<sup>th</sup>/6<sup>th</sup> Girls    \_\_\_\_\_ 5<sup>th</sup>/6<sup>th</sup> Boys  
                                 \_\_\_\_\_ 7<sup>th</sup>/8<sup>th</sup> Girls    \_\_\_\_\_ 7<sup>th</sup>/8<sup>th</sup> Boys    \_\_\_\_\_ HS Girls    \_\_\_\_\_ HS Boys

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

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

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 soccer, especially indoor soccer with additional factors like walls, a harder surface, and more contact, 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. Twin Tiers Soccer Club, LLC and its affiliates cannot accept the responsibility or liability for any injuries sustained during this tournament.

ROSTER	10 PLAYER MAX FOR G4 & G6, 12 PLAYER MAX FOR G8 & HS			
Player Name	DOB	Grade	Medical Conditions	Parent/Guardian Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Registration Fee:  
\$200 due by 2/14/2027

Pay via Venmo/check:  
@ColtonBly

Contact: Colton Bly  
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