



3v3 Summer Shoot-Out



Girls divisions 6/12/21 and Boys divisions 6/13/21

Team Name: _____

Team Manager/Coach: _____

E-mail _____

Phone(1) _____ Phone(2) _____

Age Divisions: U _____ (U6-19) Girls _____ Boys _____

Adults: Men _____ Women _____ Coed _____ Men over 30 _____

Recreational _____ Competitive _____

Signature of Coach/Manager _____

By signing, you have read and agreed to the *Waiver of Liability.

Player 2 _____

Address _____

City _____ **State** _____ **ZIP** _____

Phone(1) _____ **(2)** _____

Male/Female **Age** _____ **DOB** ____ / ____ / ____

Signature _____

By signing, you have read and agreed to the *Waiver of Liability.
Signature-parent/Guardian (if Player is under 18)

Player 4 _____

Address _____

City _____ **State** _____ **ZIP** _____

Phone(1) _____ **(2)** _____

Male/Female **Age** _____ **DOB** ____ / ____ / ____

Signature _____

By signing, you have read and agreed to the *Waiver of Liability.
Signature-parent/Guardian (if Player is under 18)

Player 6 _____

Address _____

City _____ **State** _____ **ZIP** _____

Phone(1) _____ **(2)** _____

Male/Female **Age** _____ **DOB** ____ / ____ / ____

Signature _____

By signing, you have read and agreed to the *Waiver of Liability.
Signature-parent/Guardian (if Player is under 18)

Upon completion E Mail to:

doc@wellingtonsoccer.com

Captain _____

Address _____

City _____ **State** _____ **ZIP** _____

Phone(1) _____ **(2)** _____

Male/Female **Age** _____ **DOB** ____ / ____ / ____

Signature _____

By signing, you have read and agreed to the *Waiver of Liability.
Signature-parent/Guardian (if Player is under 18)

Player 3 _____

Address _____

City _____ **State** _____ **ZIP** _____

Phone(1) _____ **(2)** _____

Male/Female **Age** _____ **DOB** ____ / ____ / ____

Signature _____

By signing, you have read and agreed to the *Waiver of Liability.
Signature-parent/Guardian (if Player is under 18)

Player 5 _____

Address _____

City _____ **State** _____ **ZIP** _____

Phone(1) _____ **(2)** _____

Male/Female **Age** _____ **DOB** ____ / ____ / ____

Signature _____

By signing, you have read and agreed to the *Waiver of Liability.
Signature-parent/Guardian (if Player is under 18)

**Fee per Team is \$210 for up to 6 players.
Make checks payable to 'Zoete Soccer International'.**

***Waiver of Liability:** I hereby release and absolve on behalf of myself, my heirs, and assigns, all sponsors, including: Wellington Soccer Club or Zoete Soccer International and organizers of any and all claims and liabilities for damages, injuries, or illnesses suffered by me in connection with this event or as result of having been a spectator at or participant in the event. A parent or guardian must sign if the player is a minor 18 years old or younger.

This form defines your official roster, if any changes are made a new form would need to be completed and submitted at check-in. Rosters are NOT required to register a team, but we recommend that you complete the top of form and submit the form with payment to reserve a place in the tournament. Rosters are required at check-in.



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