



Cedar Crest Soccer Youth Soccer 3 V 3 Tournament

WHEN: Friday July 26, 2024; Team check-in will begin at 5:00 PM **Rain date:** Saturday July 27th

WHO: Boys and girls entering Grades 1 – 8 at the start of the 2024-2025 school year

WHERE: Earl Boltz Stadium - Cedar Crest High School, 115 E Evergreen Rd. Lebanon PA 17042

COST: Early Registration by May 25, 2024 - \$125.00 per team; May 26-June 25, 2024 - \$150.00 per team

REGISTRATION for Youth Soccer 3 V 3 Tournament

MAX 5 players registered per team

Early deadline discount: Sunday May 25, 2024

Registration deadline: Tuesday, June 25, 2024

Complete and submit BOTH pages of this registration form with payment.

Please make checks payable to: **Cedar Crest Boys Soccer Club**

Mail to: Attention Coach Joe Spade, 115 East Evergreen Rd. Lebanon, PA 17042

Please indicate if team are travel players

TEAM NAME: _____

TEAM COACH: _____ **Cell Phone #:** _____

Player 1: _____

Grade 2024/2024: _____

Parent/Guardian Name: _____

Address: _____

E-Mail Address: _____

Emergency Contact: _____

Emergency Contact Number: _____

Medical Concerns: _____

Player 2: _____

Grade 2024/2024: _____

Parent/Guardian Name: _____

Address: _____

E-Mail Address: _____

Emergency Contact: _____

Emergency Contact Number: _____

Medical Concerns: _____

Player 3: _____
Grade 2024/2024: _____
Parent/Guardian Name: _____
Address: _____
E-Mail Address: _____
Emergency Contact: _____
Emergency Contact Number: _____
Medical Concerns: _____

Player 4: _____
Grade 2024/2024: _____
Parent/Guardian Name: _____
Address: _____
E-Mail Address: _____
Emergency Contact: _____
Emergency Contact Number: _____
Medical Concerns: _____

Player 5: _____
Grade 2024/2024: _____
Parent/Guardian Name: _____
Address: _____
E-Mail Address: _____
Emergency Contact: _____
Emergency Contact Number: _____
Medical Concerns: _____

Waiver for Youth Soccer 3 V 3 Tournament

I have no knowledge of any medical/physical injury/impairment that would affect or be affected by my child's participation in this tournament. I acknowledge that I have insurance coverage and will not hold the Cornwall-Lebanon School District or any member of the tournament staff responsible, should an injury or accident occur. In the event of an emergency in which my child requires medical care, I authorize the staff of the tournament to act for me and obtain for him/her whatever medical treatment the staff deems necessary and appropriate.

Parent/Guardian Signature of Player 1: _____

Parent/Guardian Signature of Player 2: _____

Parent/Guardian Signature of Player 3: _____

Parent/Guardian Signature of Player 4: _____

Parent/Guardian Signature of Player 5: _____