

FOR OFFICE USE ONLY: TEAM # _____ DIV # _____ PAYMENT _____

Event City: AMARILLO

Team Name (Limit 10 Characters) _____

Contact Person/Coach _____ Captain

Address _____ City _____ State _____ Zip Code _____

Phone # (Daytime) _____ Phone # (Cell) _____

Contact Email _____

Are you coaching more than one team? If yes, please list the team name(s) and age group(s):

Club _____ Club Affiliation: USYSA AYSO USClub USSSA Other _____

How did you hear about this event? Mail TV Email In Store _____

Newspaper Internet Soccer Club Radio Other _____

\$150.00 for all divisions
Entry fee must accompany your registration form.

Make check or money order payable to "ASA"
Forms may be faxed to 806.354.0186 if you are paying by credit card.
MAIL FORM & PAYMENT TO: ASA, 4146 Business Park Dr, Amarillo, TX 79110

CTEAMS WILL NOT BE ACCEPTED UNTIL:

1. PAYMENT IS RECEIVED!
2. YOUR TEAM IS REGISTERED ON-LINE!
3. THIS FORM IS COMPLETED AND SUBMITTED WITH ALL SIGNATURES!

FAILURE TO COMPLETE ALL THREE REQUIREMENTS WILL RESULT IN YOUR TEAM NOT BEING ACCEPTED

CAPTAIN (please print)

Last Name _____ First Name _____

Address _____ Male Female

City _____ State _____ Zip Code _____

Age _____ Birthdate _____ Email _____

Daytime Phone Number _____ Cell Phone Number _____

Circle T-shirt Size: YS YM YL S M L XL XXL

Signature (Parent/Guardian if player is under 18)

PLAYING EXPERIENCE (Very Important, Check highest level competed in)

Competitive _____ # of years Recreation League _____ # of years

PLAYER 2 (please print)

Last Name _____ First Name _____

Address _____ Male Female

City _____ State _____ Zip Code _____

Age _____ Birthdate _____ Email _____

Daytime Phone Number _____ Cell Phone Number _____

Circle T-shirt Size: YS YM YL S M L XL XXL

Signature (Parent/Guardian if player is under 18)

PLAYING EXPERIENCE (Very Important, Check highest level competed in)

Competitive _____ # of years Recreation League _____ # of years

PLAYER 3 (please print)

Last Name _____ First Name _____

Address _____ Male Female

City _____ State _____ Zip Code _____

Age _____ Birthdate _____ Email _____

Daytime Phone Number _____ Cell Phone Number _____

Circle T-shirt Size: YS YM YL S M L XL XXL

Signature (Parent/Guardian if player is under 18)

PLAYING EXPERIENCE (Very Important, Check highest level competed in)

Competitive _____ # of years Recreation League _____ # of years

WAIVER

In consideration of being allowed to participate in any way in the ASA SF09/KICK IT 3V3 SOCCER TOURNAMENT, related events and activities (collectively, the "Event"), the undersigned, for himself/herself, his/her personal representatives, heirs, and next of kin:

1. Acknowledges, appreciates, and agrees that the risk of injury from the activities involved in the Event is significant, including the potential for injury, permanent paralysis and death;
2. KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation; and,
3. Willingly agrees to comply with the stated and customary terms and conditions for participation. If however he/she observes any unusual significant hazard during his/her presence or participation, he/she will remove him/herself from participation and bring such to the attention of the nearest official immediately, and;
4. Hereby irrevocably grant to Blue Entertainment Sports Television ("BEST") and its respective affiliates, subsidiaries, parent entities, licensees, successors and assigns, and those acting with its permission or upon its authority (all of whom are referred to below as "licensed parties") the absolute, perpetual, and unrestricted right and permission to record, copy, reproduce, adapt, edit, summarize, copyright, photograph, film, license, vend, rent, distribute, televise, publish, exhibit, disseminate, perform and otherwise exploit in any and all markets and media (collectively "use") his/her appearance, name, likeness, voice, documents, participation in the Event, other property, views, performance, efforts, trademark or trade name, biography, artisty, recorded image and voice, as well as all other documents and artifacts provided to BEST by him/her (collectively the "materials"). This grant of rights is made without limitation upon time, circumstances, location, market or medium of use and without any right to inspect or approve the materials or the uses to which any of the materials may be put and without any payment due to him/her; and
5. Agrees that all audio and/or video recordings of the materials or any of them as well as all descriptions or summaries of his/her personal history and/or views that are made and used by any licensed party will be solely owned by BEST and that BEST may copyright its name and for its sole benefit any such audio or video recording of the Event containing the materials or any of them; and
6. Acknowledges, appreciates, and agrees that he/she has read this form and understand that by signing this form, he/she is giving up legal rights and remedies on behalf of him/herself and his/her family, estate, heirs, and/or assigns; and
7. HEREBY INDEMNIFIES, RELEASES AND HOLDS HARMLESS ASA, KICK IT 3V3 SOCCER, BEST, its affiliates, subsidiaries & parent entities, & their officers, officials, agents and/or employees, directors, shareholders, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE; and
8. HAS READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT HE/SHE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT and authorizes on his/her behalf any of the Releasees to obtain any medical care or treatment deemed necessary; and
9. Warrants and represents that he/she (i) is the owner of all rights granted hereunder or has been duly authorized by the owner of such rights to grant same and (ii) is at least eighteen (18) years of age or is the legal parent or guardian of the minor child listed below and is executing this WAIVER / RELEASE OF LIABILITY / REFUND POLICY / BAD WEATHER POLICY on behalf of such minor child. In the event that the undersigned is a legal parent or guardian of a minor child who turns the age of 18 during the Event, the acknowledgement and agreement of such child is also required.

ASA SKIP FERRELL 2009 (SF09) & KICK IT 3V3 SOCCER REFUND POLICY / BAD WEATHER POLICY

There will be no refunds granted for any reason after the registration deadline. This includes, but is not limited to inclement weather, etc. In case of inclement weather, the Event Director reserves the right to reduce the number of scheduled games and/or the time of games and/or postpone or delay game times and/or cancel the Event. Every effort will be made to complete games and the tournament. Entry fees are non-refundable after registration deadlines.

TEAM GENDER

MALE FEMALE COED (will be placed in the male division for ages U6 - U18)

THERE IS NO SILVER/GOLD SKILL SEPARATION FOR AGE GROUPS U6-U8
CHECK AGE OF OLDEST PLAYER

03's (8/1/02 - 7/31/03) 02's (8/1/01 - 7/31/02) 01's (8/1/00 - 7/31/01)

If your team members span more than one age, you will be flighted into the oldest team member's division. In unexpected instances where there are less than four teams in an age group and skill level, your team will be flighted with the same skill level, one age group older.

CHECK SKILL PREFERENCE

Silver Gold

CHECK AGE OF OLDEST PLAYER

00's (8/1/99 - 7/31/00) 95's (8/1/94 - 7/31/95)

99's (8/1/98 - 7/31/99) 94's (8/1/93 - 7/31/94)

98's (8/1/97 - 7/31/98) 93's (8/1/92 - 7/31/93)

97's (8/1/96 - 7/31/97) 92's (8/1/91 - 7/31/92)

96's (8/1/95 - 7/31/96) 90's (8/1/89 - 7/31/91)

COED (Must be over 18)

Adult OPEN (Gold)

Adult OPEN (Silver)

Over 30 (Must be over 30)

If any player has competitive experience, the entire team will be placed in a Gold bracket.

PLAYER 4 (please print)

Last Name _____ First Name _____

Address _____ Male Female

City _____ State _____ Zip Code _____

Age _____ Birthdate _____ Email _____

Daytime Phone Number _____ Cell Phone Number _____

Circle T-shirt Size: YS YM YL S M L XL XXL

Signature (Parent/Guardian if player is under 18)

PLAYING EXPERIENCE (Very Important, Check highest level competed in)

Competitive _____ # of years Recreation League _____ # of years

PLAYER 5 (please print)

Last Name _____ First Name _____

Address _____ Male Female

City _____ State _____ Zip Code _____

Age _____ Birthdate _____ Email _____

Daytime Phone Number _____ Cell Phone Number _____

Circle T-shirt Size: YS YM YL S M L XL XXL

Signature (Parent/Guardian if player is under 18)

PLAYING EXPERIENCE (Very Important, Check highest level competed in)

Competitive _____ # of years Recreation League _____ # of years

PLAYER 6 (please print)

Last Name _____ First Name _____

Address _____ Male Female

City _____ State _____ Zip Code _____

Age _____ Birthdate _____ Email _____

Daytime Phone Number _____ Cell Phone Number _____

Circle T-shirt Size: YS YM YL S M L XL XXL

Signature (Parent/Guardian if player is under 18)

PLAYING EXPERIENCE (Very Important, Check highest level competed in)

Competitive _____ # of years Recreation League _____ # of years