

**2011 BARON CUP
3 V 3 SOCCER TOURNAMENT**

TEAM NAME: _____

CONTACT PERSON:

NAME:	HOME PHONE:
ADDRESS:	WORK PHONE:
CITY & STATE:	CELL PHONE:
ZIP CODE:	E-MAIL:

AGE DIVISION: (CHECK ONE OF THE FOLLOWING)

RECREATIONAL

U8 ___ **BOYS** ___ **GIRLS**

U10 ___ **BOYS** ___ **GIRLS**

U12 ___ **BOYS** ___ **GIRLS**

U14 ___ **BOYS** ___ **GIRLS**

COMPETITIVE

U10 ___ **BOYS** ___ **GIRLS**

U11 ___ **BOYS** ___ **GIRLS**

U12 ___ **BOYS** ___ **GIRLS**

U13 ___ **BOYS** ___ **GIRLS**

U14 ___ **BOYS** ___ **GIRLS**

2011 BARON CUP 3V3 SOCCER TOURNAMENT ROSTER

PLAYER'S NAME:	HOME PHONE:	
ADDRESS:	<small>(PLEASE CIRCLE ONE)</small> SHIRT SIZE: YM YL AS AM AL AXL	
CITY:	STATE:	ZIP:
BIRTHDATE:	AGE:	<small>(PLEASE CHECK ONE)</small> __MALE __FEMALE

PLAYER'S NAME:	HOME PHONE:	
ADDRESS:	<small>(PLEASE CIRCLE ONE)</small> SHIRT SIZE: YM YL AS AM AL AXL	
CITY:	STATE:	ZIP:
BIRTHDATE:	AGE:	<small>(PLEASE CHECK ONE)</small> __MALE __FEMALE

PLAYER'S NAME:	HOME PHONE:	
ADDRESS:	<small>(PLEASE CIRCLE ONE)</small> SHIRT SIZE: YM YL AS AM AL AXL	
CITY:	STATE:	ZIP:
BIRTHDATE:	AGE:	<small>(PLEASE CHECK ONE)</small> __MALE __FEMALE

PLAYER'S NAME:	HOME PHONE:	
ADDRESS:	<small>(PLEASE CIRCLE ONE)</small> SHIRT SIZE: YM YL AS AM AL AXL	
CITY:	STATE:	ZIP:
BIRTHDATE:	AGE:	<small>(PLEASE CHECK ONE)</small> __MALE __FEMALE

PLAYER'S NAME:	HOME PHONE:	
ADDRESS:	(PLEASE CIRCLE ONE) SHIRT SIZE: YM YL AS AM AL AXL	
CITY:	STATE:	ZIP:
BIRTHDATE:	AGE:	(PLEASE CHECK ONE) __MALE __FEMALE

PLAYER'S NAME:	HOME PHONE:	
ADDRESS:	(PLEASE CIRCLE ONE) SHIRT SIZE: YM YL AS AM AL AXL	
CITY:	STATE:	ZIP:
BIRTHDATE:	AGE:	(PLEASE CHECK ONE) __MALE __FEMALE

Checks Payable to:

Baron Cup
64 Autumn Leaf Dr.
Manheim, PA 17545

Cost: \$140 per team – Applications postmarked by 5/23/11
\$150 per team – Applications received by 6/3/11

RELEASE STATEMENT AND MEDICAL AUTHORIZATION

I, A PARENT OR GUARDIAN OF THE ABOVE NAMED PLAYER, A MINOR, AGREE THAT I AND THE PLAYER WILL ABIDE BY THE RULES OF THE MANHEIM SOCCER CLUB, THEIR AFFILIATED ORGANIZATIONS AND SPONSORS. RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER AND IN CONSIDERATION FOR THE MANHEIM SOCCER CLUB ACCEPTING THE PLAYER FOR ITS SOCCER PROGRAMS AND ACTIVITIES, (THE "PROGRAMS"), I HEREBY RELEASE, DISCHARGE AND OTHERWISE INDEMNIFY THE MANHEIM SOCCER CLUB, THEIR AFFILIATED ORGANIZATIONS AND SPONSORS, THEIR EMPLOYEES, VOLUNTEERS AND ASSOCIATED PERSONNEL INCLUDING THE OWNERS OF THE FIELDS AND FACILITIES UTILIZED FOR THE PROGRAMS, AGAINST ANY CLAIM BY OR ON BEHALF OF THE PLAYER AS A RESULT OF THE PLAYER'S PARTICIPATION IN THE PROGRAMS, AND/OR BEING TRANSPORTED TO THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE, ADDITIONAL, I GIVE PERMISSION FOR AND ALL MEDICAL ATTENTION NEEDED BY THE PLAYER IN THE EVENT OF AN ACCIDENT. INJURY, SICKNESS, ETC. WHILE PARTICIPATING IN THE PROGRAM AND THAT THE SAME BE GIVEN UNDER THE DIRECTION OF THE PLAYER'S COACH UNTIL SUCH TIME AS I MAY BE CONTACTED. I ALSO HEREBY ASSUME THE RESPONSIBILITY OF PAYING FOR SUCH TREATMENT. I CONSENT TO THE USE BY THE MANHEIM SOCCER CLUB OF PHOTOGRAPHS OR VIDEOTAPE OF ME AND/OR MY CHILD(REN).

PLAYER NAME

PARENT OR GUARDIAN SIGNATURE

DATE

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