

**Big Island Cup 3v3 Soccer Tournament
Roster / Medical Waiver Form
January 11, 12 & 13, 2019**

Team Name:

Club Name / AYSO Region:

Skill Level:

Division:

Competitive

Recreation

Male/Coed

Female

Group:

U8

U10

U12

U14

U16

Coaches Name:

E-mail

Phone:

Team Manager Name:

Contact E-mail:

Phone:

Player Roster

Player 1 Name:

Birth Date:

Parent / Guardian

SIGNATURE:

Player 2 Name:

Birth Date:

Parent / Guardian:

SIGNATURE:

Player 3 Name:

Birth Date:

Parent / Guardian

SIGNATURE:

Player 4 Name:

Birth Date:

Parent / Guardian

SIGNATURE:

Player 5 Name:

Birth Date:

Parent / Guardian

SIGNATURE:

Player 6 Name:

Birth Date:

Parent / Guardian

SIGNATURE:

Acceptance of Sportsmanship, Responsibility and Waiver

Every player (or parent / guardian if the player is under the age of 18) must sign this form and coach or team manager must bring this form to check-in prior to the start of tournament. Signatures on this form signify that each person has read, understands and will abide by this information on this Roster/Medical Waiver Form and Rules of the Tournament available and posted on www.bigislandcup.com. This Waiver and Release shall be governed in the State of Hawaii law and the courts located in County of Hawaii. Hawaii shall have the exclusive jurisdiction for any action arising there from. There are risks associated with participation in this tournament and its related activities. I release and discharge Kona Crush Soccer Academy, Owners of the fields and facilities utilized for the tournament, Event Sponsors (collectively known as event organizers) and the workers, volunteers, employees and Directors from all action, suits and demands whatsoever in law or in equity, including but not limited to, the risk of personal injury or death from playing in the tournament and the risk of loss of personal property by theft or otherwise. I acknowledge that medical insurance is not provided. The event organizers are not responsible for any effect participation may have on player eligibility for other sports activities. I hereby grant permission for event organizers to record any or all of my participation in this event for photos, videos, motion pictures, TV, radio and other media, and to use them, no matter by whom taken, in any matter for publicity, promotions, advertising, trade or commercial purposes without need for any reimbursement or fee paid. Please bring the completed form to check-in. A non-refundable registration fee must be received by January 8th, 2018 to complete registration. Payment can be made online at www.bigislandcup.com, or by mail to: KCSA – Big Island Cup 3v3, P.O Box 1481, Kailua-Kona, HI, 96745. Fees: U8-U16 Divisions: \$180 on or before December 9, 2018, \$200 thereafter. Registration closes per age division/group on January 2, 2019 or when the bracket is full. **Please make checks payable to: Kona Crush Soccer Academy.**