

Gramatica Family Foundation Superstar Soccer Weekend 3v3 Soccer Tournament Registration Form

(Early Entry Deadline 5:00 PM Friday, February 18, 2005 - Late Deadline 5:00 PM, Friday, February 25, 2005)

Team Name: _____ Contact Person: _____
Address: _____ City: _____ St. _____ Zip: _____
Phone: (D) _____ (E) _____ Email:(must have) _____
Youth Team Gender: Boy _____ Girl _____ Adult Team Gender: Men _____ Women _____ Co-ed _____
Age Group: (U6__) (U7__) (U8__) (U9__) (U10__) (U11__) (U12__) (U13__) (U14__) (U15__) (U16__) (U17__) (U18__) (Adult 19+ _____)

Player 1

Name: _____
Birth Date: _____
Address: _____
City/St/Zip: _____
Phone: _____
Email: _____
T-shirt size: YL S M L XL XXL
Parent/Guardian Signature: _____

Mail Registration to:

Gramatica Family Foundation Superstar Weekend
c/o Player Management Group
1270 Orange Ave, Suite E
Winter Park, FL 32789

Make check or money order payable to: **HALL OF FAME FUND**

For credit card payments:

_____ MC _____ VISA

Credit Card: _____ Exp. _____

Name on card: _____

Signature: _____

Credit Card orders can be faxed to 407-599-0299

Questions: Email shanchey@playermanagementgroup.com

**Entry fee of \$125 (\$25 per player, early fee) or \$150 (\$30 per player, late fee)
- must accompany your registration form**

Player 2

Name: _____
Birth Date: _____
Address: _____
City/St/Zip: _____
Phone: _____
Email: _____
T-shirt size: YL S M L XL XXL
Parent/Guardian Signature: _____

Player 3

Name: _____
Birth Date: _____
Address: _____
City/St/Zip: _____
Phone: _____
Email: _____
T-shirt size: YL S M L XL XXL
Parent/Guardian Signature: _____

WAIVER AND RELEASE:

In consideration of being allowed to participate in the Gramatica Family Foundation Soccer Tournament, I hereby release, waive, discharge and covenant not to sue the Gramatica Family Foundation, The Hall of Fame Fund, Inc., and/or Player Management Group, LLC or any of their agents, or employees (hereinafter collectively referred to as the "Releasee") from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death that may be caused by the negligence of the Releasee, or otherwise, while participating in this tournament, or while in, on or upon the premises where the tournament is being conducted.

Player 4

Name: _____
Birth Date: _____
Address: _____
City/St/Zip: _____
Phone: _____
Email: _____
T-shirt size: YL S M L XL XXL
Parent/Guardian Signature: _____

I am fully aware of the risks and hazards connected with this tournament. I voluntarily agree to assume full responsibility for any risk of loss, property damage or personal injury, including death, that may be sustained by me/my child, or any loss or damage to property owned by me/my child as a result of my child being engaged in the tournament's activities, whether caused by the negligence of Releasee, or otherwise. I further hereby agree to indemnify and hold harmless the Releasee from any loss, liability, damage or cost, including court costs and attorney's fees, that may accrue related to me/my child's participation in the tournament, whether caused by negligence of Releasee or otherwise.

Player 5

Name: _____
Birth Date: _____
Address: _____
City/St/Zip: _____
Phone: _____
Email: _____
T-shirt size: YL S M L XL XXL
Parent/Guardian Signature: _____

I hereby grant full permission for the event organizers to record any or all of my participation in the tournament for photos, tv, videotapes and other media known and unknown and to use them no matter by whom they are taken, in any manner of publicity, promotions, advertising or trade, without any reimbursement to me. I also realize that I am responsible for my own behavior during play. I vow to present myself and represent my team in a sportsmanlike manner. If I fail to do so, I realize that both I and my team may be ejected from the tournament without a refund.

**A MEDICAL RELEASE/WAIVER MUST BE PRINTED FROM WWW.TEAMGRAMATICA.COM
AND MAILED WITH THE APPLICATION OR PRESENTED UPON CHECK IN.**

OFFICE USE ONLY: TEAM # _____