



PCYS - King of the Green 3v3 Soccer Tournament
Registration and Release Waiver



I acknowledge the player listed above my signature will be participating voluntarily in the Portage County Youth Soccer (PCYS) King of the Green 3v3 tournament on October 7, 2017. I further acknowledge the player meets the age requirements as established by the Wisconsin Youth Soccer Association for the age bracket they will be competing in at this tournament. I authorize the player's photograph or picture to appear in any future PCYS promotional materials without compensation.

I agree participation in a competitive or recreational activity, like this tournament, involves inherent risks of physical injury. Therefore, on behalf of the player, I hereby release and forever discharge PCYS, the city of Stevens Point, all directors, agents, and their members from any and all liability, for an injury or loss arising out of or occurring from participating in this soccer tournament. I certify the player is able to participate in this soccer tournament and in case of emergency, I grant permission for the player to be given emergency medical treatment at a local hospital.

Coach's Name: _____ Email Address: _____
Team Name: _____ Age Bracket: _____

Player 1: _____
Name: _____ Birth Date: _____
Parent Signature: _____ Date Signed: _____

Player 2: _____
Name: _____ Birth Date: _____
Parent Signature: _____ Date Signed: _____

Player 3: _____
Name: _____ Birth Date: _____
Parent Signature: _____ Date Signed: _____

Player 4: _____
Name: _____ Birth Date: _____
Parent Signature: _____ Date Signed: _____

Player 5: _____
Name: _____ Birth Date: _____
Parent Signature: _____ Date Signed: _____

Player 6: _____
Name: _____ Birth Date: _____
Parent Signature: _____ Date Signed: _____

This form must be completed and presented at the registration table 30 minutes before the team's first game.
WYSA Event and Clinic Medical Waiver forms for each player may be presented in place of this form.