

Staff Initials

Date

2023 smiledeep soccer tournament Saturday – November 11, 2023

Team Check-In: 8:00 a.m.

Tournament Required Group Play Starts: 9:00 a.m.

YOUTH TEAM – 4-TO 8-PLAYERS PER TEAM

\$100/team

ALL TEAM MEMBER INFORMATION/SIG	NATURES MUST BE	INCLUDED AT THE TIME FORM	1 IS SUBMITTED		
CHECK ONLY ONE – ONE TEAM F 8-TO 10-YEARS OLD	AM PER FORM 11-TO 13-YEARS OLD		☐ 14-TO 17-YEARS OLD		
TEAM NAME:	COACH's NAME:				
Phone:	Email:				
*The team's coach will contacted by em	ail with tournamen	nt details, including the day of t	the tournament		
Player's First Name Last Na	ame	Email Address	<u> </u>	Sex	
DOB (MM/DD/YYYY)	Age	Home Telephone No.	Cellular	Telephone No.	
Mailing Address		City	State	Zip Code	
Emergency Contact Name		Telephone No.	Relationshi	p	
Parent/Guardian First Name	Last Name		Relationship to Player		
Home Telephone No.	Cellular Tele	phone No.	Other Telephone No.		
Signature of Parent/Guardian	Printe	ed Name	 Date		
By signing the above and in consideration of your accep administrators, waive and release any and all rights and Island and its representatives, successors, employees, of dependent(s) or minor children at any activity sponsored children or dependent(s) should suffer any injury, illness or my dependent(s) and minor children transported to a many emergency treatment deemed necessary. Also, I undettat this release is a full and final release of all claims of due to the sole joint, contributory, concurrent or gross mauthorized guardian for my minor children. I understand I will not receive a refund. I hereby authorize The Center Center and/or the newspaper. I hereby give The Center psocial media sites. I understand that these pictures we Representatives of Manatee County Government may recof evaluating ormonitoring the programs or delivery of forms may be required for membership. Please be advised	claims for damages I contractors, or volunt or monitored by The or death while participated facility and I talkerstand that no refundany nature whatsoeve egligence of The Central I do not follower and local newspapers permission to take pict fill be accessible to a quest access to any or service to the client, a	or my dependent(s) or minor childi- eers (collectively The Center) for e Center, happen upon its property, ipating in an activity, I authorize T ke all responsibility for this action, ds are given unless the activity is cer- for myself, my minor children or ter. I understand that this release is rules or code of conduct, myself ar- is to take pictures of my child and untures of me and my children and to myone with Internet access and mall agency records relating to the p and give consent to the release of r	ren have or may hat any and all injurit, or through the us he Center staff to us including costs. I a anceled or a doctor dependents, including costs and/or my family an understand that thes put the finished pi ay be used in a purograms and/or these cords for these put	ave against The Center of Annalies of death suffered by myste of its equipment. If I or mystes their sole discretion in have uthorize the medical facility to r's release is presented. I und ding but not limited to, claims children and I representthat I d/or guests will be asked to least photos become the property ctures on The Center's web stromotional setting. I understate delivery of services for the purposes. I understand that additional setting and that additional setting are setting.	a Maria elf, my y minor ying me o render erstand arising am the ave and y of The site and thar urposes ditional
Credit Card Information:					
Name on Credit Card:	Name on Credit Card:		•		
Credit Card No.:			Exp. Date: _		
Front Desk Staff Use Only:					
<i>Amount Due:</i> \$					
Amount paid by (check one):	CASH	CHECK (#	CRED	IT CARD	

Player's First Name Last Na	ime	Email Address	3	Sex
DOB (MM/DD/YYYY)	Age	Home Telephone No.	Cellular Te	elephone No.
Mailing Address		City	State	Zip Code
Emergency Contact Name		Telephone No.	Relationship	
Parent/Guardian First Name	Last Name		Relationship	to Player
Home Telephone No.	Cellular Telephone No.		Other Telephone No.	
Signature of Parent/Guardian	Print	ed Name	Date	
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Mailing Address		City	State	Zip Code	
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Parent/Guardian First Name	Last Name		Relationship to Player		
Home Telephone No.	Cellular Telephone No.		Other Telephone No.		
Signature of Parent/Guardian	 Print	ed Name	 Date		

By signing the above and in consideration of your accepting my/our registration fee, I hereby, for myself, my dependent(s) and minor child(ren), and our executors and administrators, waive and release any and all rights and claims for damages I or my dependent(s) or minor children have or may have against The Center of Anna Maria Island and its representatives, successors, employees, contractors, or volunteers (collectively The Center) for any and all injuries of death suffered by myself, my dependent(s) or minor children at any activity sponsored or monitored by The Center, happen upon its property, or through the use of its equipment. If I or my minor children or dependent(s) should suffer any injury, illness or death while participating in an activity, I authorize The Center staff to use their sole discretion in having me or my dependent(s) and minor children transported to a medical facility andI take all responsibility for this action, including costs. I authorize the medical facility to render any emergency treatment deemed necessary. Also, I understand that no refunds are given unless the activity is canceled or a doctor's release is presented. I understand that this release is a full and final release of all claims of any nature whatsoever for myself, my minor children or dependents, including but not limited to, claims arising due to the sole joint, contributory, concurrent or gross negligence of The Center. I understand that this release includes my minor children and I representthat I am the authorized guardian for my minor children. I understand that if I do not follow rules or code of conduct, myself and/or my family and/or guests will be asked to leave and I will not receive a refund. I hereby authorize The Center and local newspapers to take pictures of my child and understand that these photos become the property of The Center and/or the newspaper. I hereby give The Center permission to take pictures of me and my children and to put the finished pictures on The Center's web site and social media sites. I understand that these pictures will be accessible to anyone with Internet access and may be used in a promotional setting. I understand that Representatives of Manatee County Government may request access to any or all agency records relating to the programs and/or the delivery of services for the purposes of evaluating ormonitoring the programs or delivery of service to the client, and give consent to the release of records for these purposes. I understand that additional forms may be required for membership. Please be advised that any fees paid prior to the activation of a membership purchase are not applied to the price of that membership.