



# 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/SIGNATURES MUST BE INCLUDED AT THE TIME FORM IS SUBMITTED

#### CHECK ONLY ONE – ONE TEAM PER FORM

8-TO 10-YEARS OLD       11-TO 13-YEARS OLD       14-TO 17-YEARS OLD

**TEAM NAME:** \_\_\_\_\_ **COACH'S NAME:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\*The team's coach will contacted by email with tournament details, including the day of the tournament

Player's First Name	Last Name	Email Address	Sex
DOB (MM/DD/YYYY)	Age	Home Telephone No.	Cellular Telephone 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	Printed 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 and I 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 represent that 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 or monitoring 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.

#### Credit Card Information:

**Name on Credit Card:** \_\_\_\_\_ **Billing Zip Code:** \_\_\_\_\_

**Credit Card No.:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

#### Front Desk Staff Use Only:

Amount Due: \$ \_\_\_\_\_

Amount paid by (check one): \_\_\_\_\_ CASH      \_\_\_\_\_ CHECK (# \_\_\_\_\_)      \_\_\_\_\_ CREDIT CARD

Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

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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 and I 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 represent that 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 or monitoring 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.