

CHRISTMAS CLASSIC TOURNAMENT REGISTRATION

MUST BE FILLED OUT COMPLETELY FOR ACCEPTANCE

Y N

QCFCMT@GMAIL.COM

OFFICE USE ONLY FEES PAID 10U 12U MIDDLE SCHOOL **HIGH SCHOOL** ADULT TEAM CHECKED IN Y N 10U - Adult Fee: \$300 TEAM NAME TEAM COLOR CHECKS PAYABLE TO QUEEN CITY FC COACH NAME COACH PH 1035 1/2 MILL RD COACH EMAIL COACH CITY HELENA MT 59602 CREDIT CARDS: EMAIL

ROSTER Athlete Name	AGE	GENDER	EMERGENCY CONTACT Each athlete must provide emergecny contact while at the tournament	MEDICAL WAIVER* Each athlete must sign, if under 18 a parent/guardian must sign
LAST NAME	DOB	Μ	Phone	Sign Name
FIRST NAME	AGE/GRADE	F	Email	Print Name
LAST NAME	DOB	М	Phone	Sign Name
FIRST NAME	AGE/GRADE	F	Email	Print Name
LAST NAME	DOB	Μ	Phone	Sign Name
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FIRST NAME	AGE/GRADE	F	Email	Print Name
LAST NAME	DOB	Μ	Phone	Sign Name
FIRST NAME	AGE/GRADE	F	Email	Print Name

*MEDICAL WAIVER: I hereby give my consent for all medical care prescribed by a duly licensed Doctor of Medicine for the above minor as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. To the best of the undersigned's knowledge, all of the above information is true and accurate.

I, COACH NAME , have read the QCFC Indoor Soccer Rules and the Tournament Rules. I agree that my players, my coaches, our specatotors and I will abide by all the rules of the tournament and show good sportsmanship. I understand that our team must check in 1 hour prior to our first game. I proclaim that I have verified the age of all my players and the above information is accurate and true. I understand that if this information is verified and not correct, that we forfeit all games and that no refund of fees will be given.