



2020 TOURNAMENT REGISTRATION

MUST BE FILLED OUT COMPLETELY FOR ACCEPTANCE

<input type="checkbox"/> 8U Coed	<input type="checkbox"/> 10U Coed	<input type="checkbox"/> 12U Coed	<input type="checkbox"/> 14U Coed	<input type="checkbox"/> 16U Coed	<input type="checkbox"/> 19U Coed	
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Coed teams require at least one girl & one boy per team, preferably two of each

TEAM NAME _____ TEAM COLOR _____

COACH NAME _____ COACH PH _____

COACH EMAIL _____ COACH CITY _____

AFFILIATED CLUB (IF APPLICABLE) _____

OFFICE USE ONLY

FEEES PAID Y N

TEAM CHECKED IN Y N

8U - 10U \$150

12U - 19U \$250

CHECKS PAYABLE TO

QUEEN CITY FC

1035 1/2 MILL RD

HELENA MT 59602

ROSTER Athlete Name	AGE	GENDER	EMERGENCY CONTACT Each athlete must provide emergency contact while at the tournament	MEDICAL WAIVER* Each athlete must sign, if under 18 a parent/guardian must sign
LAST NAME	DOB	M	Phone	Sign Name
FIRST NAME	AGE	F	Email	Print Name
LAST NAME	DOB	M	Phone	Sign Name
FIRST NAME	AGE	F	Email	Print Name
LAST NAME	DOB	M	Phone	Sign Name
FIRST NAME	AGE	F	Email	Print Name
LAST NAME	DOB	M	Phone	Sign Name
FIRST NAME	AGE	F	Email	Print Name
LAST NAME	DOB	M	Phone	Sign Name
FIRST NAME	AGE	F	Email	Print Name
LAST NAME	DOB	M	Phone	Sign Name
FIRST NAME	AGE	F	Email	Print Name
LAST NAME	DOB	M	Phone	Sign Name
FIRST NAME	AGE	F	Email	Print Name
LAST NAME	DOB	M	Phone	Sign Name
FIRST NAME	AGE	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 QCFC Spring Thaw Tournament Rules. I agree that my players, my coaches, our spectators 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.

Coach Signature

Date