



# TOURNAMENT REGISTRATION

**MUST BE FILLED OUT COMPLETELY FOR ACCEPTANCE**

<input type="checkbox"/> 10UG	<input type="checkbox"/> 10UB	<input type="checkbox"/> 12UG	<input type="checkbox"/> 12UB	<input type="checkbox"/> 14UG	<input type="checkbox"/> 14UB	<input type="checkbox"/> 16UG	<input type="checkbox"/> 16UB	<input type="checkbox"/> 19UG	<input type="checkbox"/> 19UB	<input type="checkbox"/> ADLT
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TEAM NAME \_\_\_\_\_ TEAM COLOR \_\_\_\_\_

COACH NAME \_\_\_\_\_ COACH PH \_\_\_\_\_

COACH EMAIL \_\_\_\_\_ COACH CITY \_\_\_\_\_

AFFILIATED CLUB (IF APPLICABLE) \_\_\_\_\_

**OFFICE USE ONLY**

FEES PAID                    Y   N

TEAM CHECKED IN       Y   N

TEAM FEE                    \$300

FEE SHALL BE PAID ALL AT ONCE

CHECKS PAYABLE TO:  
 QUEEN CITY FC  
 911 NORTH HOBACK ST  
 HELENA MT 59601

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	Emergency Contact Name	Sign Name
FIRST NAME	AGE	F	Phone	Print Name
LAST NAME	DOB	M	Emergency Contact Name	Sign Name
FIRST NAME	AGE	F	Phone	Print Name
LAST NAME	DOB	M	Emergency Contact Name	Sign Name
FIRST NAME	AGE	F	Phone	Print Name
LAST NAME	DOB	M	Emergency Contact Name	Sign Name
FIRST NAME	AGE	F	Phone	Print Name
LAST NAME	DOB	M	Emergency Contact Name	Sign Name
FIRST NAME	AGE	F	Phone	Print Name
LAST NAME	DOB	M	Emergency Contact Name	Sign Name
FIRST NAME	AGE	F	Phone	Print Name
LAST NAME	DOB	M	Emergency Contact Name	Sign Name
FIRST NAME	AGE	F	Phone	Print Name
LAST NAME	DOB	M	Emergency Contact Name	Sign Name
FIRST NAME	AGE	F	Phone	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 necessary conditions 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