



The Golden Freeze 3V3 Soccer Tournament

Team Roster Form

Team Name: _____ Club Affiliation _____

Primary Contact: _____ Phone Number: (____) _____

Secondary Phone Number: (____) _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Age Division (circle one): COED U5/U6 COED U7/8 U9 U10 U12 U14 High School Open Division Over 30

Gender: ___ Boys ___ Girls

Total # of Players on Team: _____ (maximum of six players)

List Names of Players: Medical Release Form for each player must be completed and submitted at check in. All players are required to keep a copy of their Birth Certificate or current player card on them at the event.

1) Player Name: _____ Birth Date: ____/____/____

2) Player Name: _____ Birth Date: ____/____/____

3) Player Name: _____ Birth Date: ____/____/____

4) Player Name: _____ Birth Date: ____/____/____

5) Player Name: _____ Birth Date: ____/____/____

6) Player Name: _____ Birth Date: ____/____/____

Name of Coach: _____ Phone Number: (____) _____

Coach's Email: _____

Bring the completed form to check-in at least 30 minutes prior to your first game

By signing below I am financially responsible for the participation of this team. I am aware that a fee of \$25 will be my responsibility for any checks returned due to non-sufficient funds.

Signature: _____ Date: _____

(Registration will not be complete until payment is received)