

9th Annual 5 Angels Memorial Soccer Tournament

REGISTRATION FORMS

Date: Saturday, July 25, 2020 and Sunday, July 26, 2020

Hosted By: The Aguilar Family, The Banda Family, The Campos Family, The McFalls Family
& The Sheridan Family

Location: Utz Soccer Fields, 101 Kindig Lane, Hanover, PA 17331

Cost: \$350 / Team

In memory of the 5 New Oxford High School students who were all soccer players and lost their lives in December 2011 in an automobile accident. The New Oxford High School boys' and girls' soccer teams are hosting a pre-season tournament. They would like to have 8 boys' and 8 girls' teams participate in the tournament.

The first seven teams to register will be entered. On Saturday, the teams will play three 20-minute seeding games and one 40-minute bracket game. On Sunday, the teams will play two 40-minute bracket games.

Any profit from the tournament will go to benefit the New Oxford High School soccer program and youth soccer players throughout our community. This is a great pre-season opportunity for coaches and players and a great way to remember the 5 special soccer angels. A traveling memorial trophy will be awarded to the winning team, with medals for each player. The runner up team will receive medals for each player.

Tournament application is listed below: ***Deadline is June 30, 2020***

Team Name: _____

School: _____

Head Coach: _____ Head Coach Cell Phone: _____

Head Coach **Personal** Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Assistant Coach: _____ Asst. Coach Cell Phone: _____

Assistant Coach **Personal** Email: _____

Return Application with \$50 Deposit to: 5 Angels Tournament, c/o Margaret Sheridan
249 South Lincoln Drive Hanover, PA 17331

Make checks payable to: 5 Angels Memorial Soccer Tournament

Questions: Please contact Margaret Sheridan at mmsheridan26@yahoo.com or 301-275-0939

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ROSTER

We understand this tournament is pre-season so you may bring this form with you on the morning of the tournament.

Players that have graduated from high school or are in 8th grade for 2020-2021 school year are NOT eligible to play in this event. If you are short players, please contact Margaret Sheridan (mmsheridan26@yahoo.com).

Team Name: _____

Coach: _____

Players (first & last names)	Player #	Grade for 2020-2021 school year
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____

*** Medical Release form for each player must be attached to this roster ***

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PLAYER MEDICAL RELEASE FORM

It is the responsibility of the participant or parent(s)/legal guardian(s) to ensure that the participant is healthy and has no physical problems that would prevent the participant's participation in soccer activities. Responsibility for primary medical insurance coverage rests with the participant or parent(s)/legal guardian(s).

Name of Participant: _____

Name of Parent(s)/Legal Guardian(s): _____

Phone: Home #: _____ Cell #: _____

Insurance Company: _____ Policy #: _____

Participant Allergies: _____

Other Medical Condition(s): _____

EMERGENCY MEDICAL RELEASE/LIABILITY WAIVER: As a participant (or parent/legal guardian of a participant under 18 years of age) in the 9th Annual 5 Angels Memorial Soccer Tournament on July 25 & 26, 2020, I accept the following:

ACKNOWLEDGEMENT OF RISK OR INJURY: I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, including death, damages or loss which may be sustained as a result of participation in any and all activities connected or associated with this soccer tournament.

WAIVER OF CLAIM FOR INJURY: I agree to waive and relinquish all claims I may have as a result of participation in this program – 9th Annual 5 Angels Memorial Soccer Tournament.

RELEASE FROM LIABILITY: I do hereby release and discharge the 5 Angels Memorial Soccer Tournament, New Oxford High School (NOHS) boosters & coaches and the Conewago Valley School District, their officers, directors, agents, servants and employees from any and all claims resulting from injuries, including death, damages or loss sustained by the participant and arising out of, connected with, or in any way associated with the soccer program (including any loss, injury or death incurred in traveling to or from such activities).

INDEMNITY AND DEFENSE: I further agree to indemnify and hold harmless and defend the 5 Angels Memorial Soccer Tournament, NOHS boosters and coaches and the Conewago Valley School District, their officers, directors, agents, servants and employees from any and all claims resulting from injuries, including death, damages or loss sustained by the participant and arising out of, connected with, or in any way associated with the soccer program (including any loss, injury or death incurred in traveling to or from such activities).

EMERGENCY MEDICAL RELEASE: The participant has received a physical examination by a licensed physician within the last one year and is physically capable of participating in this program. I hereby give my consent to have an athletic trainer, instructor, coach, Doctor of Medicine, Doctor of Dentistry and any associate personnel provide medical assistance or treatment to the participant and agree to be financially responsible for the cost of such treatment and assistance. I also agree to indemnify, hold harmless and defend each and any foregoing parties that I have released herein from all liability, loss, cost claim or damage whatsoever, including death, damage to property, injury which may be imposed upon said released parties because of any defect or lack of such capacity to act or caused or alleged to be caused whole or in part by the negligence of the related parties.

The 5 Angels Memorial Soccer Tournament is not responsible for any personal items that are lost, stolen or damaged. I understand that the 5 Angels Memorial Soccer Tournament retains the right to use and photograph, video tape footage, motion picture recording or any other record of event for publicity, advertising or any legitimate purpose.

SIGNATURE OF PARTICIPANT

(or parent/legal guardian if participant is under 18 years of age)

Date

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COACH MEDICAL RELEASE FORM

It is the responsibility of the coach to ensure that the her/she is healthy and has no physical problems that would prevent the coach's participation in soccer activities. Responsibility for primary medical insurance coverage rests with the coach.

Name of Coach: _____

Phone: Home #: _____ Cell #: _____

Insurance Company: _____ Policy #: _____

Coach Allergies: _____

Other Medical Condition(s): _____

EMERGENCY MEDICAL RELEASE/LIABILITY WAIVER: As a coach in the 9th Annual 5 Angels Memorial Soccer Tournament on July 25 & 26, 2020, I accept the following:

ACKNOWLEDGEMENT OF RISK OR INJURY: I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, including death, damages or loss which may be sustained as a result of participation in any and all activities connected or associated with this soccer tournament.

WAIVER OF CLAIM FOR INJURY: I agree to waive and relinquish all claims I may have as a result of participation in this program – 9th Annual 5 Angels Memorial Soccer Tournament.

RELEASE FROM LIABILITY: I do hereby release and discharge the 5 Angels Memorial Soccer Tournament, New Oxford High School (NOHS) boosters & coaches and the Conewago Valley School District, their officers, directors, agents, servants and employees from any and all claims resulting from injuries, including death, damages or loss sustained by the participant and arising out of, connected with, or in any way associated with the soccer program (including any loss, injury or death incurred in traveling to or from such activities).

INDEMNITY AND DEFENSE: I further agree to indemnify and hold harmless and defend the 5 Angels Memorial Soccer Tournament, NOHS boosters and coaches and the Conewago Valley School District, their officers, directors, agents, servants and employees from any and all claims resulting from injuries, including death, damages or loss sustained by the participant and arising out of, connected with, or in any way associated with the soccer program (including any loss, injury or death incurred in traveling to or from such activities).

EMERGENCY MEDICAL RELEASE: The coach has received a physical examination by a licenses physician within the last one year and is physically capable of participating in this program. I hereby give my consent to have an athletic trainer, instructor, coach, Doctor of Medicine, Doctor of Dentistry and any associate personnel provide medical assistance or treatment to the coach and agree to be financially responsible for the cost of such treatment and assistance. I also agree to indemnify, hold harmless and defend each and any foregoing parties that I have released herein from all liability, loss, cost claim or damage whatsoever, including death, damage to property, injury which may be imposed upon said released parties because of any defect or lack of such capacity to act or caused or alleged to be caused whole or in part by the negligence of the related parties.

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SIGNATURE OF COACH

Date

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AUTHORIZATION FORM

For Use of Child/Youth Name, Likeness and/or Photographic Image

This authorization form shall serve as parental permission for the use of name, likeness and/or photographic image of a child/youth, where such permission is required.

I grant permission to the: **5 Angels Memorial Soccer Tournament, Organizers and Agents**

To use my child's/youth's name, likeness and/or photographic image in the production of the following:

*Press releases, newspaper articles, advertisement and/or
5 Angels Memorial Soccer Tournament website content*

I understand that if, for whatever reason, at any point in time, I decide to revoke this agreement, and I so notify the 5 Angels Memorial Soccer Tournament Organizers, in writing, all references to my child/youth (i.e. name, likeness and/or photographic image) will no longer be used.

I understand that web page references, content and photographic images will be removed within thirty (30) days of the written notification. I understand that the 5 Angels Memorial Soccer Tournament Organizers are not responsible for access to the internet information or downloads made by users accessing the website prior to this removal of reference (i.e. name, likeness and/or photographic image).

I further understand that my child's/youth's name, likeness and/or photographic image may continue to be used in any publication already printed or published, prior to my revocation of the consent provided herein.

Name of Child (Please Print)

Team Name

Head Coach Name

School

Signature of Parent/Legal Guardian

Date