

# Tournament Location: Rothfuss Park – Penfield

Tournament Website: [www.craigdemminsoccer.com](http://www.craigdemminsoccer.com)



Mail a completed copy of this registration and a check for \$150 to:

Craig Demmin Soccer  
c/o Erin Buckley  
449 Parkside Trail  
Macedon, NY 14502

Contact:

[craigdemmin@yahoo.com](mailto:craigdemmin@yahoo.com)

Team Name \_\_\_\_\_

Age Group: (circle one) U10 U12 U14 U16 Gender: (circle one) M F

*(Based on the 2020 soccer year age groups)*

Skill Level: (circle one) Recreation Travel Premier

Coaches Name: First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Team Contact: First \_\_\_\_\_ Last \_\_\_\_\_

Email Address (for contact info): \_\_\_\_\_

PLEASE TYPE or PRINT information as it appears on player passes or birth certificate.

	PLAYER 1	PLAYER 2	PLAYER 3	PLAYER 4	PLAYER 5	PLAYER 6
LAST NAME						
FIRST NAME						
BIRTHDATE						
PARENT SIGNATURE						

Waiver: Every player, and their parent/guardian must read and sign this waiver form. Signatures on the registration form signify each person has read, understands and abides by this information. There are risks connected with each child's participation in this tournament and its related activities. The parents release, waive, discharge, and covenant not to sue Craig Demmin Soccer, Team Championships International, the Town of Penfield, their employees, volunteers, and directors from all action, suits, and demands whatsoever in law or in equity from demand, losses, or damages on account of injury including death caused in whole or in part by the negligence of said parties.