

Tournament Location: Chili Union Station Park

Tournament Website: www.craigdemminsoccer.com



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

Craig Demmin Soccer
c/o Allison Santoro
43 Washington Road
Pittsford, NY 14534

Contact:

craigdemmin@yahoo.com

Team Name _____

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

(Based on the 2021 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 Chili, 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.