



SEPTEMBER 6-7, 2019

TEAM REGISTRATION FORM

Please complete the registration form and submit with your payment, which can be made in the form of cash, check, money order or credit card.

Make checks payable to: Las Cruces Event Planning

Team Name: _____ Age: _____

Head Coach: _____

State: _____ League: _____

Circle One: Boys Girls Co-ed

Club Affiliation _____ Uniform Color: _____

Spring Season Record (W-L-T): _____

Tournament/Registration Contact: _____

Circle One: Head Coach Assistant Coach Manager Other _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

***Please attach the completed Liability Waiver Form/Roster**

Player Roster Form

Team Name: _____ Club Affiliation: _____
Age Group: _____ Girls _____ Boys _____
Coach 1: _____ Phone: _____ Email: _____
Coach 2: _____ Phone: _____ Email: _____
Manager: _____ Phone: _____ Email: _____

Waiver of Liability **MUST** be signed and accompany Application

We, the undersigned representative of the participating team, to include Las Cruces Event Planning and the Las Cruces Youth Soccer League to accept this team registration and permit this team's participation in the Kick Off The Night tournament, do agree to release, indemnify, and hold harmless Las Cruces Event Planning, the Las Cruces Youth Soccer League, the venue, officials, administrators, sponsors, coaches, referees, and/or representatives from any and all liability from any claim arising out of any injury, or damage to person, property, or economic interests connected with or arising out of any action taken by them in good faith, or out of any failure to act. We also recognize and acknowledge that adverse weather or other acts of God occur and we will accept the decisions regarding playability of the facilities without objection, appeal, or compensation whatsoever. We hereby release all persons or entities mentioned above from any and all liability for direct or consequential damages resultant from said judgment. We certify that each player on the roster is covered by an approved medical insurance plan as required for youth sports. I further certify that by signing below I have read and acknowledge receipt of all the information in this invitation and understand its content.

	Player Name	Player Birth Date	Parent Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Coach or Manager Signature: _____ **Date:** _____