



**Bradford Community Soccer Club  
3 v 3 Soccer Tournament  
Saturday July 7th, 2018- University of Pittsburgh Bradford**

**TEAM INFORMATION:**

TEAM NAME:	
DIVISION: (Circle one)	U9 U11-Girls U11-Boys U13-Girls U13-Boys U15-Girls U15-Boys U17-Girls U17-Boys
<b>Coach's Information:</b>	
Name:	
Email:	
Cell Phone:	
Address:	

**Note:** Read the [Tournament Rules](#) before registering a team. Refer to the [Age Matrix](#) for cutoff dates.

**PLAYER INFORMATION:**

<b>PLAYER #1</b>
Name:
Birth Date:
Cell Phone:
Address:
E-Mail Address:
Parent Signature*:
Date:

<b>PLAYER #2</b>
Name:
Birth Date:
Cell Phone:
Address:
E-Mail Address:
Parent Signature*:
Date:

<b>PLAYER #1</b>
Name:
Birth Date:
Cell Phone:
Address:
E-Mail Address:
Parent Signature*:
Date:

<b>PLAYER #2</b>
Name:
Birth Date:
Cell Phone:
Address:
E-Mail Address:
Parent Signature*:
Date:

**Entry fee:** \$80.00 per team (payable to BCSC). Mail completed form and fee to: BCSC, PO Box 976, Bradford PA 16701.

When you register a team please also send an email with your name, team name and division to -

[info@bradfordunited.org](mailto:info@bradfordunited.org) – so we can account for your team in the tournament schedule.

**\* Medical Release:** I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, their sponsors, and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in PA West Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.