

# Highland County Memorial Classic Keeper Clash

## Registration Form

Player Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Gender: (check one) \_\_\_\_ Female \_\_\_\_ Male

Age Group: (based on the age of your oldest player. Visit [www.highlandcountysc.com](http://www.highlandcountysc.com) for age groups)

U5    U6    U7    U8    U9    U10    U11    U12    U13    U14    High School    Adult

Desired Level of Competition: (circle desired level)

Red (highest level of competition)

White (mid range level of competition)

Blue (beginner level of competition)

Send Player Registration Form and  
Registration Fee to:

**Highland County Soccer Club**

**P.O. Box 136**

**Lynchburg, OH 45142**

Make checks payable to:

Highland County Soccer Club or HCSC

Before April 16<sup>th</sup> - \$25 per team

After April 16<sup>th</sup> - \$30 per team

Player Name:	Date of Birth:	Player/Parent Signature(if under 18 years of age):

Is this individual playing on a 3v3 team in the Highland County Memorial Classic 3v3 Soccer Tournament? \_\_\_\_ Yes \_\_\_\_ No

If yes, please list the team name, gender, and age group of the team this player is on.

Team Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age Group: \_\_\_\_\_

**WAIVER** - Every player and their parent/guardian, if the player is under 18, must read this waiver form. Signatures on the registration form signify that each person has read, understands, and abides by this information. I acknowledge there are risks connected with my participation in this event and its related activities. I release and waive the event sponsors, directors, staff, and suppliers for any injury or loss of property that I may incur in my participation in this event