# **2016** Eugene Timbers FC 3v3 Challenge Cup







# **Tournament Entry Form June 4, 2016**

## Willamalane Center for Sports and Recreation

250 South 32<sup>nd</sup> Street, Springfield, OR 97478

#### **Entry Fee**

Fee per team is \$130. Maximum of 5 players per team. Four game guarantee. Registration deadline is **Sunday May 22, 2016.** Entry form and roster must be sent with fee by deadline.

Please make checks payable to: Eugene Timbers FC

#### **General Information**

Games will be played on Turf fields at Willamalane Sports Center in Springfield. Duration of games is two 12-minute halves. Tournament rules can be found on the website. Game schedule will be posted on the website on Wednesday June 1, 2016. Games will start at 9am and end around 7pm.

All schedules and rules will be posted on www.eugenetimbers.org

No refunds are given. For more info, please call 541-343-5100 or email doc@eugenetimbers.org

Divisions: There will be separate boys & girls brackets for each age group

# Age group determined by OYSA 2015/2016 age chart U7/U8 oldest player can be born August 1, 2007 U9/U10 oldest player can be born August 1, 2005 U11/U12 oldest player can be born August 1, 2003 U13/U14 oldest player can be born August 1, 2001 U15/U16 oldest player can be born August 1, 1999 U17/U18 oldest player can be born August 1, 1997

#### Eugene Timbers 3 v 3 Challenge Cup Entry Form – Deadline for entry is May 22, 2016

Team Name:							-
Address				zip			
Team Manager:				Phone (1)			
E-mail:			Phone (2)				
Check Gender:		Girls		Boys	Boys		
Check Age B	racket:						
U7/8	U9/10		U11/12	U13/14	U15/16	U17/8	
Check Division:		Gold: _		Silver:			

#### Mail completed forms to:

Eugene Timbers Fútbol Club P.O. Box 10914 Eugene, OR 97440

### **ALL ENTRIES MUST BE RECEIVED BY MAY 22, 2016**

**Check and Roster form must be included**. If you don't have all players yet on the roster, you can bring the filled out roster to the check-in on Saturday, June 4, 2016. Please include an e-mail address.

Player 1 (Captain)	Player 2         Address         City       State       ZIP         Phone (1)       (2)         Male / Female Age       DOB       ///					
Signature Signature of Parent / Guardian By signing, you have read & agreed to the *Waiver of Liability & Rules, as well as the Medical Release.	Signature Signature of Parent / Guardian By signing, you have read & agreed to the *Waiver of Liability & Rules, as well as the Medical Release.					
Player 3	Player 4					
Player 5	Entry Fee: Entry fee of \$130 per team must accompany registration form. Please make checks payable to Eugene Timbers Fútbol Club Mail Entry Form To: Eugene Timbers Fútbol Club P.O. Box 10914 Eugene, OR 97440 ALL ENTRIES MUST BE RECEIVED BY MAY 22, 2016					
*Waiver of Liability: Signatures on the registration form signify each person has read, understands and abides by this						

\*Waiver of Liability: Signatures on the registration form signify each person has read, understands and abides by this information. There are risks connected with my participation in this tournament and its related activities. I release, waive, discharge and covenant not to sue Eugene Timbers Fútbol Club, and both groups affiliate organizations, event sponsors, event charities and their workers, employees and directors, and the staff and organizers 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 the releasee or otherwise. Further, I hereby grant full permission for event organizers to record any or all of my participation in this event for photos, motion pictures, TV, radio, recordings, videotapes, and other media known or unknown, and to use them, no matter by who taken, in any manner for publicity, promotions, advertising, trade or commercial purposes, without any reimbursement of any kind due to me, or the need to pay me any fee.

#### Signature of Coach / Manager:

By signing, you have read & agreed to the \*Waiver of Liability & Rules

#### Medical Release and liability waiver:

I authorize medical and diagnostic care, and a treating physician for my child may perform hospital procedures as if I cannot be reached in the case of an emergency. I agree that neither I nor my child will bring any claims against ETFC or its tournament or camp coaches as a result of any injuries, expenses or damages that I or my child may suffer in connection with the program whether such claims, known or unknown, may arise in the future.

ROSTER FORM – PLEASE SEND WITH ENTRY FORM AND FEE

