

INTERNATIONAL-FRIENDSHIP CUP

Player Registration Form September 1 - 3, 2018

WB# _____

WB# _____

Team Name: _____

Player Name: _____

D.O.B.: ____/____/____ Age: _____

Address: _____

Home: (____) _____ - _____

Alt: (____) _____ - _____

Email: _____

**PLACE COPY
OF
ID HERE**

WAIVER

With my signature here and in consideration on the forgoing, I, myself, my heirs, executors and administrators, waive and release all rights against the Orange County Great Park, City of Irvine and its officers, employees, agents, volunteers and representatives, International Friendship Cup, Newport Beach Women's Soccer Assoc., Zama Sports and their representatives of any and all claims of damages, demands, actions whatsoever in any manner as a result of my participation in said games, including but not limited to any injuries I might suffer. I acknowledge that I am aware of the inherent risks in participating in an event of this type. I attest and verify that I am physically fit and have sufficient training for the competition and a medical doctor has verified my physical condition. I certify that all of the forgoing information provided by me is the entire truth. I am also aware that should I behave in an un-sportsman like manner towards any of the tournament officials, their representatives, the referees or assistant referees I will be banned from playing in the tournament and the entire team will be disqualified from playing.

PLAYER'S SIGNATURE

DATE