

DISTRICT 6

2019

3-on-3

YOUTH COUNCIL TOURNAMENT



Team Captain's Name _____ Team Name _____

Phone Number _____

Player Name First Last	Parent Signature	High School	Please Circle	Date of Birth MM/DD/Year-XXXX	AGE
1.			M/F		
2.			M/F		
3.			M/F		
4.			M/F		

■■■ In consideration of my participation in the above-named activity/league/tournament of the AOPPYC, I do hereby agree
 ■■■ to hold free from any and ALL employees and administrators waive, release, and forever discharge ALL rights and claims
 ■■■ for any damages, injuries which may hereafter accrue to me arising out of or connected with my participation of the
 ■■■ named activity/league/tournament. By signing below, I do hereby declare myself to be physically sound and have
 ■■■ medical approval to participate in the activities of the AOPPYC program. **Any player(s) 18 years of age and under will
 ■■■ have to have a parent sign for them under participant signature.** I grant permission to all of the foregoing to use any
 ■■■ photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Sign _____

Date _____