

# South Plains Kidney Foundation



## 5v5 Soccer Tournament Registration Form



**Saturday June 16, 2018**

**8:00am – 2:00pm**

**Berl Huffman Soccer Complex** Texas 289 Loop Frontage Rd & Landmark Ln, Lubbock, TX 79415

**Team Name:** \_\_\_\_\_  **Competitive**  **Leisure**

**Captain/Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Male**  **Female**  **Age Group:**  7-8  9-10  11-12  13-14  15-Adult

Are you playing as part of a dialysis clinic team? If so, which clinic? \_\_\_\_\_

**Complete below for each participant & sign for waiver (2<sup>nd</sup> page) for each participant**

**1. Participant Name:** \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

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

Gender:  Female  Male Age:  7-8  9-10  11-12  13-14  15-Adult

**Participant/Parent/Guardian Printed Name** \_\_\_\_\_

**Waiver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**2. Participant Name:** \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

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

Gender:  Female  Male Age:  7-8  9-10  11-12  13-14  15-Adult

**Participant/Parent/Guardian Printed Name** \_\_\_\_\_

**Waiver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**3. Participant Name:** \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

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

Gender:  Female  Male Age:  7-8  9-10  11-12  13-14  15-Adult

**Participant/Parent/Guardian Printed Name** \_\_\_\_\_

**Waiver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**4. Participant Name:** \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

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

Gender:  Female  Male Age:  7-8  9-10  11-12  13-14  15-Adult

**Participant/Parent/Guardian Printed Name** \_\_\_\_\_

**Waiver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# South Plains Kidney Foundation

5. **Participant Name:** \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

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

Gender:  Female  Male      Age:  7-8    9-10    11-12    13-14    15-Adult

**Participant/Parent/Guardian Printed Name** \_\_\_\_\_

**Waiver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

6. **Participant Name:** \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

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

Gender:  Female  Male      Age:  7-8    9-10    11-12    13-14    15-Adult

**Participant/Parent/Guardian Printed Name** \_\_\_\_\_

**Waiver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

7. **Participant Name:** \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

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

Gender:  Female  Male      Age:  7-8    9-10    11-12    13-14    15-Adult

**Participant/Parent/Guardian Printed Name** \_\_\_\_\_

**Waiver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**\$30 per Player**

**Fax your registration form to Kim Powers at**

**Fax: 866-449-9527**

**Online Payment: Paypal.me/SPKF**

**Or Mail entrance fee cash/check to: South Plains Kidney Foundation**  
**PO BOX 65356, Lubbock, TX 79464 by June 8th.**



**Waiver: Must be signed by each participant in order to play in any of the Soccer Events.**

I hereby release South Plains Kidney Foundation, any and all sponsors of the Soccer Event, and any other sponsoring or cosponsoring agencies or individual from any and all liabilities for accident or injury which might occur during my participation in this event.

**Players under the age of 18 must have this form signed by a parent or guardian.**

I hereby consent to release the event organizers and sponsors for any liability whatsoever for the following use: any reproduction of my name, voice, any and all photographs, sketches, videos, taken or made for use with this event or future events without obligation to me. I also certify that I voluntarily shall collect and submit any and all sponsorship monies collected to the SPKF. I certify that all information provided on the form is true and complete and I will abide by the rules and instructions of the event management.

**I certify my compliance by my signature below my participant's name.**