

South Plains Kidney Foundation

Registration Form

5v5 and Skills Soccer Tournament & Challenge

Saturday June 17, 2017

9:00am – 1:00pm

Berl Huffman Soccer Complex

Texas 289 Loop Frontage Rd & Landmark Ln, Lubbock, TX 79415



Team Name: _____

Captain/Contact: _____ **Phone:** _____

Age Group: 7-9 8-12 13-15 16-Adult

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

Complete for participant, than complete waiver for each participant on 2nd page

1. Participant Name: _____

Address, City, State, Zip: _____

Phone Number: _____ Email Address: _____

Gender: Female Male **Age:** 7-9 8-12 13-15 16-Adult

Do you have Renal Disease: No Donor Yes: CKD Dialysis Transplant

2. Participant Name: _____

Address, City, State, Zip: _____

Phone Number: _____ Email Address: _____

Gender: Female Male **Age:** 7-9 8-12 13-15 16-Adult

Do you have Renal Disease: No Donor Yes: CKD Dialysis Transplant

3. Participant Name: _____

Address, City, State, Zip: _____

Phone Number: _____ Email Address: _____

Gender: Female Male **Age:** 7-9 8-12 13-15 16-Adult

Do you have Renal Disease: No Donor Yes: CKD Dialysis Transplant

4. Participant Name: _____

Address, City, State, Zip: _____

Phone Number: _____ Email Address: _____

Gender: Female Male **Age:** 7-9 8-12 13-15 16-Adult

Do you have Renal Disease: No Donor Yes: CKD Dialysis Transplant



South Plains Kidney Foundation

5. Participant Name: _____

Address, City, State, Zip: _____

Phone Number: _____ Email Address: _____

Gender: Female Male Age: 7-9 8-12 13-15 16-Adult

Do you have Renal Disease: No Donor Yes: CKD Dialysis Transplant



\$125 Team Fee



**Fax your registration form to Kim Powers at 806-744-1440,
Mail entrance fee cash/check to: South Plains Kidney Foundation
PO BOX 65356, Lubbock, TX 79464 by June 12th.**

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.

1. Participant/Parent or Guardian Printed Name _____

Participant/Parent or Guardian Signature _____ **Date** _____

2. Participant/Parent or Guardian Printed Name _____

Participant/Parent or Guardian Signature _____ **Date** _____

3. Participant/Parent or Guardian Printed Name _____

Participant/Parent or Guardian Signature _____ **Date** _____

4. Participant/Parent or Guardian Printed Name _____

Participant/Parent or Guardian Signature _____ **Date** _____

5. Participant/Parent or Guardian Printed Name _____

Participant/Parent or Guardian Signature _____ **Date** _____