

Saturday Aug 6, 2016

Entry Deadline July 30th, 2016

Check-in: 8:30am Start: 9:00am Location: Victoria Elementary

Email completed copy of this prior to July 30, 2016 to info@herzogfest.com

Or Mail to: Herzogfest 3v3

P.O. Box 433 Victoria, KS 67671

Contact: Tami Robben: 785-735-4647 or rockintrobben@gmail.com

Team Name (Include specific age group with Team Name) Age Group: (circle): U8-U10 U11-U14 HS Di (Based on the 2015/2016 soccer year a) (If there are enough of certain age	,
Team Contact Name: Last	First
Address	City
State	
Email Address (for contact info):	
Prizes will be awarded to 1 st and 2 nd teams in each	division.

PLEASE TYPE or PRINT information

	Player 1	Player 2	Player 3	Player 4	Player 5	Player 6
Last Name:						
First Name:						
Address:						
City:						
State / Zip:						
Birthdate:						
Player Signature:						
Parent Signature:						

Every player and parent guardian must sign this waiver form. Signatures on the registration form signify each person has read, understands and abides by this information.

Waiver: I know running and jumping during activities such as soccer is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of the soccer official relative to my ability to safely complete the event. I assume all risks associated with this event including, but not limited to: falls, contact with other participants, effects of the weather, including high heat and/or humidity; all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the City of Victoria and all volunteers, sponsors and professionals associated with this event from all claims or liabilities of any kind arising out of my participation in this event even though liability may arise out of my negligence or carelessness on the part of the persons named in this waiver.