

CLARKE COLLEGE FUTSAL TOURNAMENT

Please complete the registration form and
return with full payment to:

Clarke College
Athletic Department
1550 Clarke Drive
Dubuque, Iowa 52001

Team Name _____

Team Contact _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

Please check one:

- OPEN MEN (6 vs. 6) \$275
- OPEN WOMEN (6 vs. 6) \$275
- HIGH SCHOOL (5 v. 5) \$275

Questions? Please call Andrés Leza at
(563) 588-6711.

PLEASE MAKE CHECKS PAYABLE TO
CLARKE COLLEGE SOCCER.

Registration must be received by
MONDAY, NOVEMBER 30, 2009.

Thank you for your registration.

www.clarkecrusaders.com



Clarke College

1550 Clarke Drive
Dubuque, Iowa 52001-3198



CLARKE COLLEGE
FUTSAL
TOURNAMENT
December 11-13, 2009

ABOUT THE TOURNAMENT

RULES

It is an open division tournament. Played 6 vs 6 including GK. Players under the age of 18 must have a parents signature to play. It will consist of pool play with top teams from each bracket advancing to play-offs. Team with most points advances: 3pt for win, 1pt for tie, & 0pt for loss. Will follow US Futsal rules plus a few tournament specific modifications. Detailed rules will be emailed to teams once they are registered. Trophies awarded to champion and runner-up. A maximum roster size of 11 players will be allowed. A photo ID is required at team check-in and all players must be present. Players cannot play unless they have checked in and roster approved. Each player must have the same colored shirt with a different number on the back! No exceptions.

WHAT

Clarke Futsal Tournament
(Open Men's, Women's and High School 6 vs. 6)
Incoming 9th through 12th graders.

WHEN

Friday, December 11 through
Sunday, December 13, 2009

WHERE

Clarke College Robert and Ruth Kehl Center

COST

TOURNAMENT FEE \$275

REGISTRATION DEADLINE

Monday, November 30, 2009. Entries will be accepted on a first-come-first-serve basis. Entry will be limited to 8 teams in each division.

HOLD HARMLESS AND HEALTH INFORMATION

Neither Clarke College nor the Clarke College Futsal Tournament carries medical insurance for injuries sustained by participants. Therefore, the person responsible for participant should review his/her own health insurance policy for coverage. The absence of health insurance coverage does not make Clarke College or the Futsal Tournament responsible for payment of medical expenses.

As a parent/guardian/participant, I agree to assume the full risk and fully release and discharge members of the Clarke community, its directors, officers, trustees, agents, servants and employees for any injuries, including death, damages, or loss regardless of severity, which I or my child/ward may sustain as a result of any Clarke College Futsal Tournament activity. I agree to waive and relinquish all claims my child/ward or I may have as a result of participating in the Clarke College Futsal Tournament against Clarke College and its directors, officers, trustees, agents, servants and employees, as well as to indemnify and hold harmless the aforementioned.

In the event of an emergency, I authorize Clarke College Futsal Tournament officials to secure treatment from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care, and medical services required.

I have fully read and understand the above, and all information supplied by me is accurate and current to the best of my knowledge.

I have read the Permission to Secure Treatment, the Hold Harmless Agreement, and the Waiver to Release all Claims and my signature on the roster form is acknowledgement that I have read and agreed to all aspects of each.

The parent/guardian signature is to confirm that you have read and agreed to all aspects of the hold harmless agreement, waiver to treat and release of claims.

Signature of parent/guardian

Date

If the parent/guardian is unavailable, in the event of an emergency please contact:

Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Other Phone _____

PLAYER ROSTER

PLEASE PRINT PLAYERS NAME CLEARLY.

THE PARENT/GUARDIAN OR PLAYERS SIGNATURE IS TO CONFIRM THAT YOU HAVE READ AND AGREED TO ALL ASPECTS OF THE HOLD HARMLESS AGREEMENT, WAIVER TO TREAT AND RELEASE OF CLAIMS.

PARENT/GUARDIAN SIGNATURE IS REQUIRED IF PLAYER IS UNDER 18.

1. NAME _____

SIGNATURE _____

2. NAME _____

SIGNATURE _____

3. NAME _____

SIGNATURE _____

4. NAME _____

SIGNATURE _____

5. NAME _____

SIGNATURE _____

6. NAME _____

SIGNATURE _____

7. NAME _____

SIGNATURE _____

8. NAME _____

SIGNATURE _____

9. NAME _____

SIGNATURE _____

10. NAME _____

SIGNATURE _____

11. NAME _____

SIGNATURE _____