

## DETAILS

---

**When:**

February 18-21, 2011

**Where:** OP Eagles Indoor  
Soccer Complex

**Who:** U8 - U14 girls and boys

**Cost:** \$150 by check made payable  
to: OP Eagles Soccer Club.

Send to:

OP Eagles Soccer Club  
Presidents Day 3v3  
P.O. Box 56  
Dublin, OH • 43016

## REGISTRATION INFO

---

Registrations are complete when received with payment and waiver signatures. Registrations and final roster updates must be postmarked by February 11, 2011.

Twelve teams will be accepted for each age group. Minimum of three games scheduled per team during preliminary round.

Rules posted on website.

Please visit  
[www.opsoccer.com](http://www.opsoccer.com)  
for more detailed and  
updated information.



**PRESIDENTS DAY 3V3 SOCCER TOURNAMENT**

**OP EAGLES  
SOCCER CLUB**

**U8 - U14  
BOYS**

**U8 - U14  
GIRLS**

---

OP EAGLES SOCCER CLUB  
PRESIDENTS DAY 3V3  
PO BOX 56  
DUBLIN, OH 43016

---

Phone: 614-336-4217  
Fax: 614-336-4237  
E-mail: [opwoody@yahoo.com](mailto:opwoody@yahoo.com)

# Registration Form

TEAM NAME \_\_\_\_\_

Age Group **U8 U9 U10 U11 U12 U13 U14**  
(circle one above)

MALE \_\_\_ FEMALE \_\_\_

Coach Name \_\_\_\_\_

Coach Email \_\_\_\_\_

Coaching more than one team? If yes, list other related team names:  
\_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Sec-

ondary Phone \_\_\_\_\_

Email \_\_\_\_\_

Club Affiliation \_\_\_\_\_

## CAPTAIN (PLAYER 1):

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Player Signature (parent signature if player is under 18)  
\_\_\_\_\_

Playing Experience:

Competitive: \_\_\_\_\_ # of years Recreational: \_\_\_\_\_ # of years

## PLAYER 2:

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Player Signature (parent signature if player is under 18)  
\_\_\_\_\_

Playing Experience:

Competitive: \_\_\_\_\_ # of years Recreational: \_\_\_\_\_ # of years

## PLAYER 3:

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Player Signature (parent signature if player is under 18)  
\_\_\_\_\_

Playing Experience:

Competitive: \_\_\_\_\_ # of years Recreational: \_\_\_\_\_ # of years

## PLAYER 4:

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Player Signature (parent signature if player is under 18)  
\_\_\_\_\_

Playing Experience:

Competitive: \_\_\_\_\_ # of years Recreational: \_\_\_\_\_ # of years

## PLAYER 5:

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Player Signature (parent signature if player is under 18)  
\_\_\_\_\_

Playing Experience:

Competitive: \_\_\_\_\_ # of years Recreational: \_\_\_\_\_ # of years

## PLAYER 6:

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Player Signature (parent signature if player is under 18)  
\_\_\_\_\_

Playing Experience:

Competitive: \_\_\_\_\_ # of years Recreational: \_\_\_\_\_ # of years  
\_\_\_\_\_

## RELEASE/LIABILITY INFORMATION

**Acknowledgment.** Signatures on this registration form acknowledge that each parent and player have read, understand and abide by the acknowledgement, indemnity, consent to medical care, eligibility, use of media and all other provisions contained in this registration form. All players and/or parents (if the player is under 18 years of age) must sign this registration form.

**Indemnity.** The parent and player acknowledge and further understand that the player is engaging in activities that involve risk of injury including, but not limited to, permanent disability, death and/or economic losses. The parent and player agree to save and hold harmless, to indemnify and not to sue the event organizers including but not limited to, Ohio Premier Eagles Soccer Club, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel (hereinafter collectively referred to as releases) from all liability, loss, cost, claim or damage whatsoever including, but not limited to, death, injury, accident or damage to property resulting from participation in the event, whether or not caused or claimed to be caused, in whole or in part, by the negligence of the releases.

**Consent to Medical Care.** The parent and player hereby give consent for emergency medical care and accept personal responsibility for the costs.

**Eligibility.** Players' eligibility for NCAA, collegiate sports, high school sports and local sports vary. The event organizers including, but not limited to, Ohio Premier Eagles Soccer Club are not responsible for determining each player's eligibility.

**Use of Media.** The parent and player grant permission to the event organizers including, but not limited to, Ohio Premier Eagles Soccer Club to record any or all of the player's participation in this event for photos, motion pictures, TV, radio, recordings, videotapes and other media, and to use them, no matter by whom taken, in any manner for publicity, promotions, advertising, trade or commercial purposes, without reimbursement of any kind due to the parent or player, or the need to pay any fee.