

# Second Annual FHSC 4v4 Indoor Soccer Tournament

Tournament Rules are available at [www.flinthillssoccer.com](http://www.flinthillssoccer.com). Tournament Location: *Manhattan Sports Academy, 615 11<sup>th</sup> Street, Manhattan, KS.*

Friday, February 15\* and Saturday-Sunday, February 16-17, 2008 (U-8, U-9, U-10, U-11, and Adults 30+ Teams)

Friday, February 22\* and Saturday-Sunday, February 23-24, 2008 (U-12, U-13, U-14, U-16, U-18, and Adults Teams)

\* Only Manhattan teams will be scheduled for play on the evenings of Friday, February 15 or Friday, February 22, 2008

**Registration and Waiver Form (Due on or before: January 11, 2008 or until tournament is full), Minimum of three games per team**  
 Please mail the registration and waiver form and non-refundable tournament fee (\$120 per team to **FHSC**, one check per team please) to:

Flint Hills Soccer Club (FHSC)

Coach Abdu Durar, Tournament Co-Director

1724 Denholm Drive

Manhattan, KS 66503-2208

Flint Hills Soccer Club (FHSC)

Coach Russell Taylor, Tournament Co-Director

2441 Daniels Drive

Manhattan, KS 66502

-OR-

Team Name: \_\_\_\_\_

Age Division:  (U-8),  (U-9),  (U-10),  (U-11),  (U-12),  (U-13),  (U-14),  (U-16),  (U-18),  (Adults)  (Adults 30+)

Gender:  Female,  Male,  Coed. Tournament directors reserve the right to combine age groups or close age groups as needed to fill tournament brackets.

Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Parental/Guardian Consent and Release:** Every youth player's parent/guardian must read this waiver form. The parent's/guardian's signature on the waiver form signifies that each person understands and accepts the risks associated with playing soccer in the tournament and agrees to abide by tournament rules.

I the undersigned parent/guardian of the youth player do agree and give permission for their player's participation in the Second Annual FHSC 4v4 Indoor Soccer Tournament. I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

I understand that every effort will be taken to insure the safety of every participant, but also acknowledge that there are certain inherent risks involved in playing soccer, and that some injuries may occur. I therefore, accept full responsibility for any injury or medical expense that may result from playing soccer during the tournament. I accept that the Flint Hills Soccer Club (FHSC), Coach Abdu Durar, Coach Russell Taylor, other FHSC coaches, and Manhattan Sports Academy will not be liable or responsible for accidents or injuries occurring during the tournament. I hereby release Coach Abdu Durar, Coach Russell Taylor, Flint Hills Soccer Club, and Manhattan Sports Academy from any and all claims and liability of any kind or personal injury or property damage as a result of participation in the tournament. I have read and understand the above.

Player's Name	Address	City/State/Zip	Phone	Birth Date	Name of parent/guardian of youth player	Signature of adult player or parent/guardian of youth player
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						