



SOCER SHOWDOWN TOURNAMENT WAIVER



Please fill out one form per player and return to Poricy Park Nature Center (345 Oak Hill Road) or email to recreation@middletownnj.org. Players CANNOT participate in tournament without a completed waiver. All waivers must be turned in by Tuesday, May 30th. Incomplete forms will be delayed in processing.

Player Information

Player's Name: _____ Date of Birth: _____ Age: _____ Gender: _____

Team Name (leave blank if Free Agent): _____ Division (circle one): Recreation Travel

Player's Address: _____
Street _____ Town _____ ZIP _____

Parent / Guardian Information

Parent / Guardian Name: _____ Relationship to Child: _____

Phone Number: _____ Email Address: _____

Street Address: _____
If different from above

Emergency Contact *In case of emergency, please call:*

Name: _____ Relationship to Child: _____

Phone Number: _____ Alternate Phone: _____

Player's School Information

School Name: _____ Town: _____ Grade: _____

I verify that the information written on this form is correct and accurate to the best of my knowledge. I hereby agree to indemnify and save harmless the Middletown Township Department of Recreation, its employees, and its volunteers from any and all liability arising out of accident as a result of participation in the Soccer Showdown Tournament. I hereby give permission for the Township of Middletown to use, in its future brochures and any other publicity and/or broadcasts of any kind, and program pictures, audio, or video in which I (or my child/ward) appear.

Parent/Guardian Signature

Date

