



2008 Eugene Metro 3v3 Challenge Cup
 Tournament Entry Form
 Saturday, May 17, 2008
 Roosevelt Middle School – Eugene, Oregon

Entry Fee

Fee per team is \$125. Maximum of 5 players per team. Four game guarantee.
 Registration deadline is **May 5, 2008**
 Entry form and roster must be sent with fee by deadline.
 Please make checks payable to: **Eugene Metro FC**

General Information

Games will be played on grass fields at Roosevelt Middle School.
 Duration of games is two 12-minute halves.
 Tournament rules and game schedule will be emailed once your team is accepted.
 All schedules and rules will be posted on www.emfc.org
 No refunds will be given.
 For further information, please call 541-844-6376 or email jurgensoccer@comcast.net

Divisions

There will be separate boys & girls brackets for each age group

Age group determined by OYSA 2007/2008 age chart
 U7/U8 born between 8-1-1999 and 7-31-2001
 U9/U10 born between 8-1-1997 and 7-31-1999
 U11/U12 born between 8-1-1995 and 7-31-1997
 U13/U14 born between 8-1-1993 and 7-31-1995
 U15/U16/U17 born between 8-1-1990 and 7-31-1993

Eugene Metro 3 v 3 Challenge Cup Entry Form – Deadline for entry is May 5

Team Name: _____

Address _____ zip _____

Team Manager: _____ Phone (1) _____

E-mail: _____ Phone (2) _____

Check Gender: Girls _____ Boys _____

Check Age Bracket:

U7/8 _____ U9/10 _____ U11/12 _____ U13/14 _____ U15/16/17 _____

Mail completed forms to:
 Eugene Metro Fútbol Club
 P.O. Box 10914
 Eugene, OR 97440

ALL ENTRIES MUST BE RECEIVED BY MAY 5, 2008
Check and Roster form must be included. Please include an e-mail address.

<p>Player 1 (Captain) _____ Address _____ City _____ State _____ ZIP _____ Phone (1) _____ (2) _____ Male / Female Age _____ DOB _____ / _____ / _____</p> <p>Signature _____ Signature of Parent / Guardian _____ By signing, you have read & agreed to the *Waiver of Liability & Rules, as well as the Medical Release.</p>	<p>Player 2 _____ Address _____ City _____ State _____ ZIP _____ Phone (1) _____ (2) _____ Male / Female Age _____ DOB _____ / _____ / _____</p> <p>Signature _____ Signature of Parent / Guardian _____ By signing, you have read & agreed to the *Waiver of Liability & Rules, as well as the Medical Release.</p>
<p>Player 3 _____ Address _____ City _____ State _____ ZIP _____ Phone (1) _____ (2) _____ Male / Female Age _____ DOB _____ / _____ / _____</p> <p>Signature _____ Signature of Parent / Guardian _____ By signing, you have read & agreed to the *Waiver of Liability & Rules, as well as the Medical Release.</p>	<p>Player 4 _____ Address _____ City _____ State _____ ZIP _____ Phone (1) _____ (2) _____ Male / Female Age _____ DOB _____ / _____ / _____</p> <p>Signature _____ Signature of Parent / Guardian _____ By signing, you have read & agreed to the *Waiver of Liability & Rules, as well as the Medical Release.</p>
<p>Player 5 _____ Address _____ City _____ State _____ ZIP _____ Phone (1) _____ (2) _____ Male / Female Age _____ DOB _____ / _____ / _____</p> <p>Signature _____ Signature of Parent / Guardian _____ By signing, you have read & agreed to the *Waiver of Liability & Rules, as well as the Medical Release.</p>	<p>Entry Fee: Entry fee of \$125 per team must accompany registration form. Please make checks payable to Eugene Metro Futbol Club</p> <p>Mail Entry Form To: Eugene Metro Futbol Club P.O. Box 10914 Eugene, OR 97440 ALL ENTRIES MUST BE RECEIVED BY MAY 5</p>
<p>*Waiver of Liability: Signatures on the registration form signify each person has read, understands and abides by this information. There are risks connected with my participation in this tournament and its related activities. I release, waive, discharge and covenant not to sue Eugene Metro Futbol Club, and both groups affiliate organizations, event sponsors, event charities and their workers, employees and directors, and the staff and organizers from all action, suits and demands whatsoever in law or in equity from demand, losses or damages on account of injury including death caused in whole or in part by the negligence of the releasee or otherwise. Further, I hereby grant full permission for event organizers to record any or all of my participation in this event for photos, motion pictures, TV, radio, recordings, videotapes, and other media known or unknown, and to use them, no matter by who taken, in any manner for publicity, promotions, advertising, trade or commercial purposes, without any reimbursement of any kind due to me, or the need to pay me any fee.</p>	

Signature of Coach / Manager:

By signing, you have read & agreed to the *Waiver of Liability & Rules

Medical Release and liability waiver:

I authorize medical and diagnostic care, and a treating physician for my child may perform hospital procedures as if I cannot be reached in the case of an emergency. I agree that neither I nor my child will bring any claims against EMFC or its tournament or camp coaches as a result of any injuries, expenses or damages that I or my child may suffer in connection with the program whether such claims, known or unknown, may arise in the future.

ROSTER FORM – PLEASE SEND WITH ENTRY FORM AND FEE