



2008 Summer Tournament Application

Tournament (Circle One)	Date	Team Fee
FGD Coed Soccer	May 3rd	\$150
FGD Mens Soccer	July 12th	\$150
4v4 August Shoot Out	August 2nd	\$100
Corona Volleyball Series:		
#1	May 3rd	\$45
#2	July 12th	\$45
#3	August 2nd	\$45

TEAM NAME	PHONE (CELL) (____)____-_____
MANAGER	EMAIL _____
ADDRESS	VISA/MC# _____ EXP _____
CITY	ZIP
	AMOUNT ENCLOSED

NOTICE OF RISK AND ASSUMPTION AGREEMENT

Sports activities involve varying degrees of risk depending on The skill of the participants and the level of play. Each participant in the sports activities at Oakland Yard Athletics acknowledges that he or she is fully knowledgeable as to the risks of the sport in which the individual intends to participate. The participant states that he or she is in good health and has no knowledge of any infirmity which would impair ability or increase any risk. The undersigned acknowledges that the participant or parent is informed as to the equipment and safety devices required or advisable in the activity. The undersigned participant agrees to assume all risks of the activity in which the undersigned will participate and waives all claims against Oakland Yard, its agents, servants and employees arising out of the participation by the undersigned in the sports and other activities at the Oakland Yard Athletics' property. The undersigned does not rely upon Oakland Yard Athletics or any of its employees to supervise, referee or otherwise control the sport activity. This agreement to assume the risks of the sports and other activities shall be continuing until revoked in writing with an acknowledgment in writing that the revocation has been received by a manager of Oakland Yard Athletics.

Name	1
Signature	DOB
Address	
City	ZIP
Phone (h) ()	
Phone (w) ()	
Email	

Name	2
Signature	DOB
Address	
City	ZIP
Phone (h) ()	
Phone (w) ()	
Email	

Name	3
Signature	DOB
Address	
City	ZIP
Phone (h) ()	
Phone (w) ()	
Email	

Name	4
Signature	DOB
Address	
City	ZIP
Phone (h) ()	
Phone (w) ()	
Email	

Name	5
Signature	DOB
Address	
City	ZIP
Phone (h) ()	
Phone (w) ()	
Email	

Name	6
Signature	DOB
Address	
City	ZIP
Phone (h) ()	
Phone (w) ()	
Email	

If you need more roster spots, print out another application