



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Get Your Kicks!

Adult Futsal Tournament

Need something to do on a cold winter day? Get to the Y for an afternoon of soccer! This is an 8 team tournament of 5 vs 5 futsal. Maximum of 6 players per team. Champions win a t-shirt!

When: Saturday, March 5th

Where: YMCA Gyms 1 and 2

Time: 12:00 pm - 6:00 pm

Cost: \$60 per team (6 players max)

Age: 16+

Registration Deadline:

Tuesday, March 1st.



Questions? Contact Pam Ness, YMCA Sports Coordinator
218-739-4489 ext. 219 or sports@fergusfallsymca.org

Team Name: _____ **Team Captain:** _____

Captain's Name: _____

Address: _____

City _____ State/Zip _____

Email: _____

Day Phone #: _____ Evening Phone #: _____

Date of Birth: _____ Age: _____

Emergency Contact: _____ Phone Number: _____

Captain's Signature: _____ **Date:** _____

INFORMED CONSENT and WAIVER OF LIABILITY

In consideration of the YMCA accepting this registration, I, for myself, and/or the minor(s) for whom I am signing, release and forever discharge the Fergus Falls Area Family YMCA and all connected with the YMCA, of and from any and all rights, claims, demands, and actions of any and every nature whatsoever, for any and all loss, damage, injuries sustained by me or my property, or by the minor(s) for whom I am signing on his/her property at any time. I declare that the above minor (s) is/are physically sound and medically approved to participate in the activities of the YMCA. I authorize use of any and all photographs taken of my child(ren)with the YMCA or on YMCA related trips to be used for the publicity of the YMCA, facility and programs.

Captain's Signature: _____ **Date:** _____

Parent Signature if under 18: _____

Signature 1: _____ D.O.B. _____ Date: _____

Parent Signature if under 18: _____

Signature 2: _____ D.O.B. _____ Date: _____

Parent Signature if under 18: _____

Signature 3: _____ D.O.B. _____ Date: _____

Parent Signature if under 18: _____

Signature 4: _____ D.O.B. _____ Date: _____

Parent Signature if under 18: _____

Signature 5: _____ D.O.B. _____ Date: _____

Parent Signature if under 18: _____