

Event City: Irvine

Team Name (Limit 10 Characters)

Contact Person/Coach _____ Captain

Address _____ City _____ State _____ Zip Code _____

Phone # (Daytime) _____ Phone # (Cell) _____

Contact Email _____

Are you coaching more than one team? If yes, please list the team name(s) and age group(s):

Club _____ Club Affiliation: USYSA AYSO USClub USSSA Other _____

How did you hear about this event? Mail TV Email In Store _____

Newspaper Internet Soccer Club Radio Other _____

\$150 for all divisions

Entry fee must accompany your registration form.

Please include a \$4.50 Registration Fee for each registered team.

Make check or money order payable to KICK-IT 3v3

Forms may be faxed to 303.948.7251 if you are paying by credit card.

For credit card payment only: (circle one) VISA MC AMEX DISC DINER

Card # _____ Exp. Date _____

3 Digit Code On Back of Card _____ Amount \$ _____

Name _____ Signature _____

Billing Address _____

City _____ State _____ Zip Code _____

CAPTAIN (please print)

Last Name _____ First Name _____

Address _____ Male Female

City _____ State _____ Zip Code _____

Age _____ Birthdate _____ Email _____

Daytime Phone Number _____ Cell Phone Number _____

Circle T-shirt Size: YS YM YL S M L XL XXL

Signature (Parent/Guardian if player is under 18)

PLAYING EXPERIENCE (Very Important, Check highest level competed in)

Competitive _____ # of years Recreation League _____ # of years

PLAYER 2 (please print)

Last Name _____ First Name _____

Address _____ Male Female

City _____ State _____ Zip Code _____

Age _____ Birthdate _____ Email _____

Daytime Phone Number _____ Cell Phone Number _____

Circle T-shirt Size: YS YM YL S M L XL XXL

Signature (Parent/Guardian if player is under 18)

PLAYING EXPERIENCE (Very Important, Check highest level competed in)

Competitive _____ # of years Recreation League _____ # of years

PLAYER 3 (please print)

Last Name _____ First Name _____

Address _____ Male Female

City _____ State _____ Zip Code _____

Age _____ Birthdate _____ Email _____

Daytime Phone Number _____ Cell Phone Number _____

Circle T-shirt Size: YS YM YL S M L XL XXL

Signature (Parent/Guardian if player is under 18)

PLAYING EXPERIENCE (Very Important, Check highest level competed in)

Competitive _____ # of years Recreation League _____ # of years

Quickest way to register: www.KICKIT3V3.com

FOR OFFICE USE ONLY: TEAM # _____ DIV # _____ PAYMENT _____

Waiver - Every player - and their parent/guardian, if the player is under 18 - must read this Waiver Form. 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 Team Championships International, event Sponsors, event charities and their workers, employees and directors, 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. Players eligibility for NCAA, collegiate sports and local school districts vary. The event organizers are not responsible for determining each player's eligibility. Before registering, contact your coach or athletic director and ask how your eligibility would be effected, if at all, by registering for this tournament. 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. Supplied electronic mail addresses will automatically be subscribed to Soccer Mail from www.kickit3v3.com. Team Championships has the right to use personal information to contact each player up to one year after the tournament date.

TEAM GENDER

MALE FEMALE COED (will be placed in the male division for ages U6 - U18)

THERE IS NO RECREATIONAL/COMPETITIVE SKILL SEPARATION FOR AGE GROUPS U6-U8

CHECK AGE OF OLDEST PLAYER

02's (8/1/01 - 7/31/02) 01's (8/1/00 - 7/31/01) 00's (8/1/99 - 7/31/00)

If your team members span more than one age, you will be flighted into the oldest team member's division. In unexpected instances where there are less than four teams in an age group and skill level, your team will be flighted with the same skill level, one age group older.

CHECK SKILL PREFERENCE

Recreational Competitive

CHECK AGE OF OLDEST PLAYER

99's (8/1/98 - 7/31/99) 94's (8/1/93 - 7/31/94)
 98's (8/1/97 - 7/31/98) 93's (8/1/92 - 7/31/93)
 97's (8/1/96 - 7/31/97) 92's (8/1/91 - 7/31/92)
 96's (8/1/95 - 7/31/96) 91's (8/1/90 - 7/31/91)
 95's (8/1/94 - 7/31/95) 89's (8/1/88 - 7/31/90)

COED (Must be over 18)
 Adult OPEN (Competitive)
 Adult OPEN (Recreational)
 Over 30 (Must be over 30)

If any player has competitive experience, the entire team will be placed in a competitive bracket.

PLAYER 4 (please print)

Last Name _____ First Name _____

Address _____ Male Female

City _____ State _____ Zip Code _____

Age _____ Birthdate _____ Email _____

Daytime Phone Number _____ Cell Phone Number _____

Circle T-shirt Size: YS YM YL S M L XL XXL

Signature (Parent/Guardian if player is under 18)

PLAYING EXPERIENCE (Very Important, Check highest level competed in)

Competitive _____ # of years Recreation League _____ # of years

PLAYER 5 (please print)

Last Name _____ First Name _____

Address _____ Male Female

City _____ State _____ Zip Code _____

Age _____ Birthdate _____ Email _____

Daytime Phone Number _____ Cell Phone Number _____

Circle T-shirt Size: YS YM YL S M L XL XXL

Signature (Parent/Guardian if player is under 18)

PLAYING EXPERIENCE (Very Important, Check highest level competed in)

Competitive _____ # of years Recreation League _____ # of years

PLAYER 6 (please print)

Last Name _____ First Name _____

Address _____ Male Female

City _____ State _____ Zip Code _____

Age _____ Birthdate _____ Email _____

Daytime Phone Number _____ Cell Phone Number _____

Circle T-shirt Size: YS YM YL S M L XL XXL

Signature (Parent/Guardian if player is under 18)

PLAYING EXPERIENCE (Very Important, Check highest level competed in)

Competitive _____ # of years Recreation League _____ # of years