

# Onion Festival 4v4 Futsal Tournament



**Date:** Saturday, April 27th, 2019

**Location:** Princeton High School Gym

**Cost:** \$40 per team (limit 6 players per team)

**Registration:** 11am-12pm (*Games start after registration*)

**For more information contact:**

Kent Ackmann

kackmann@princetonisd.net

## Rules & Regulations

- 2 game guarantee
  - 4v4 (no GKs)
- Games are 20 minutes (running clock)
  - Kick in restarts
- 4 second rule on all restarts
- All free kicks are indirect
- 3 yard distance from all free kicks
  - No slide tackling
- 3 points win, 1 point draw, 0 loss
- Tie breakers- goals scored, goals against, shootout

**Waiver of Liability & Authorization for Emergency Care**

I understand the Princeton Futsal Tournament sponsors cannot accept responsibility for personal items lost or stolen. I also understand the tournament sponsors are not responsible for medical costs associated with any injury. I expressly waive all claims for medical expenses, loss of services or other claims, and I agree to indemnify and hold harmless the sponsors of the tournament, the school district, its trustees, employees and agents from all claims made against it or them on my behalf. I have had a current physical exam, and to the best of my knowledge, I am released and able to participate in physical activity. I authorize the sponsors in attendance to secure medical attention as may be necessary as a result of injuries or other events requiring emergency care while I/we are not able to make this decision. I have read and understood this release and sign it voluntarily and with full knowledge of its significance.

This form must be completed and approved before you are allowed to participate in the activity.

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Age \_\_\_\_ Gender \_\_\_\_ M \_\_\_\_ F

Family Doctor \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Family Medical Insurance \_\_\_\_\_

Group or ID # \_\_\_\_\_

Emergency contact information: Name: \_\_\_\_\_

Emergency number: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Approval Signature (if participant is under 18):

X \_\_\_\_\_