



CENTER CIRCLE
5V5
SUMMER LEAGUE

TEAM NAME: _____

TEAM CONTACT: _____

EMAIL & PHONE: _____

DIVISION (U12, U14, HS - BOYS, GIRLS, OR COED): _____

In consideration of participation in this event, the undersigned persons hereby release Center Circle LLC, hosting facilities, their officers, employees, volunteers, officials and agents from any and all claims, liabilities, loss of service and cause of action of any kind for personal injury and property damage arising in any way out of said participation. Further, the undersigned persons agree to abide by all tournament and regional rules and regulations. . By signing my name below, I hereby acknowledge that I have read the above. I understand it and agree to all the terms.

IMPORTANT: ALL PLAYERS UNDER 18 YEARS OLD MUST HAVE A PARENT/GUARDIAN SIGN ROSTER/RELEASE

	PLAYER NAME	PHONE	PARENT/GUARDIAN SIGNATURE	US CLUB/TN SOCCER #	D.O.B.
1					
2					
3					
4					
5					
6					
7					
8					
9					

PLEASE REMIT \$65 PER PLAYER CHECK/S AND REGISTRATION FORM TO:

CENTER CIRCLE LLC
886 LANCELOT CIRCLE
COLLIERVILLE, TN 38017