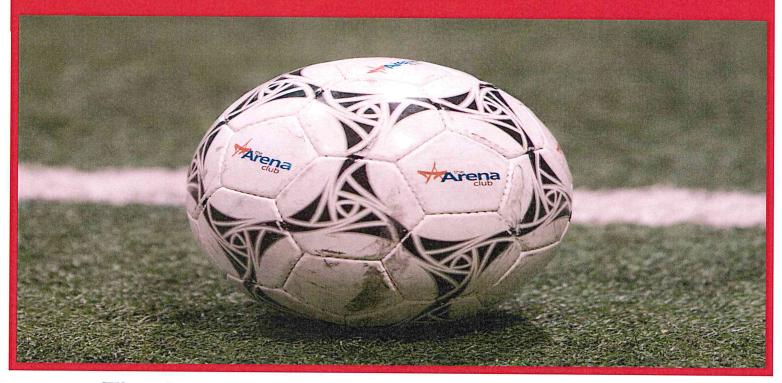
ACSL

3v3 Memorial Day Classic Tournament



The Arena Club Soccer League is hosting a 3v3 Memorial Day Classic Soccer tournament.

ACSL-3v3 Memorial Day Classic Tournament

For: Boys and Girls All Age Brackets
Day: Saturday, Sunday (if needed)
Date: May 25th-26th

Each team will play a minimum 3 games and are two 12 minute halves. Games are played on our out-door field. Parents may bring own chairs to watch their child's game. Please have teams registered by May 17th. Late fee of \$50 if registered after this date. Maximum 6 players on a team roster

Cost: \$125 per team (price includes ref fees)
\$100 for each additional team from same team/club in age bracket



TEAM NAME	
COACHES'S NAME:	
LIST PLAYERS NAMES:	
MOM'S NAME	_ DAD'S NAME
ADDRESS	CITY ZIP
PHONE (H)	WK/CELL
EMAIL ADDRESS	
HEALTH INFORMATION: ARE THERE ANY SPECE BEHAVIORAL CONDITIONS THAT WE NEED TO CHILD'S SAFETY? CHECK ANY THAT APPLY AI GOOD GENERAL HEALTH	BE AWARE OF TO ENSURE YOUR ND GIVE MORE INFORMATION, PLEASE.
ALLERGY, FOOD OR OTHER	SEIZURE
BEHAVIORAL ISSUE	ASTHMA
	DIABETES
MENTAL HEALTH CONDITION	PRESCRIPTION MEDICATION
OTHER CHRONIC HEALTH CONDITION	OTHER MEDICATION
PAYMENT INFORMATION:	
TYPE OF PAYMENTTOTAL AI	MOUNTDATE PAID
CREDIT CARD TYPE#_	EXP
I have read and answered to the best of my knowledge, the activities (including, but limited to exercise classes, cardiffer the club shall be undertaken by me at my sole risk. I release rectors, employees and shareholders, from any claim for property, or theft thereof, while I am at the Harford Health gence of Harford Health & Fitness Club employees and agood standing at the time of service to receive member different marketing.	io, strength equipment, pools, field activities) here at ase Harford Health & Fitness Clun, Inc., it officers, diany injury to me personally, damage to my personal & Fitness Club, including claims arising from negligents. I understand that I must be a current member in
PARENTS SIGNATURE	DATE