

Coach,
Thank you for your on line application and welcome to the 2017 CFC Fall Classic.
Please read, sign, date and return it to the address below with your entry fee check or money order. We do not take credit cards for your own protection.

Yours in soccer,
Kelly Beraun

Classic FC c/o Kelly Beraun
300 Open Range Ave
Los Lunas, NM 87031

Checks payable to Classic FC

Team _____

Age _____ Gender _____

Waiver of Liability:

We as representative of this participating team, to induce CFC Fall Classic/Classic FC/Valencia Soccer Academy/Duke City Soccer League and NMYSA to accept this team application and permit participation in the CFC Fall Classic 2017 do hereby release, indemnify and hold harmless the Classic FC/Valencia Soccer Academy/Duke City Soccer League and NMYSA, officials, sponsors, coaches, referees, and/or representatives from any claim arising from injury to a named participant of this team and hereby certify that each player registered is covered by an approved medical insurance plan as required by youth soccer. We recognize and acknowledge that adverse weather conditions are an act of God and agree to accept the decisions of the tournament officials as to playability and therefore the outcome of competition without any appeal, objection or compensation whatsoever. Coaches, parents and players must accept and comply with "last minute" schedule changes made to accommodate last minute situations as part of their participation.

Signed: _____

Print Name: _____ **Date:** _____

team coach or club official

Coach,

Please contact me by phone or email if you have any questions.
Kelly

505-440-4960
kberaun3@gmail.com