



WINTER CLASSIC
SATURDAY FEBRUARY 29TH
Location: Northport HS South Gym



WINTER 3V3 CLASSIC - GIRLS

4th- 8th grade

Time: 8:30-10am (\$25/player)

WINTER 3V3 CLASSIC - BOYS

4th- 8th grade

Time: 10:30am-12pm (\$25/player)

Register for the second annual Tiger Soccer Academy 3v3 Indoor Soccer tournament. Teams can be comprised of 3-4 players in grades 4th-8th. Each team will play a round robin tournament and trophies will be distributed to the winning team. The cost per player is \$25. Registration closes February 5th. Limited team spots so register early! Only 9 teams will be accepted per session.

If you want to register as an individual, please let us know.

Please send completed registration form and checks made out to Tiger Soccer Academy to:



Tiger Soccer Academy
6 Starlit Drive
Northport, NY 11768

www.tigersocceracademy1.com

We will also accept payments via Venmo @tigersocceracademy1
If you have any questions, please call Don at 516-680-6658 or email info@tigersocceracademy1.com



Tiger Soccer Academy



Event Date: Saturday February 29th 2020 (Circle One)

1. Winter 3v3 Classic – Girls (4th - 8th grade) Time: 8:30-10am (\$25 per player)
2. Winter 3v3 Classic – Boys (4th - 8th grade) Time: 10:30am-12:00pm (\$25 per player)

Player Profile:

Player's Name: _____ Date of Birth: _____

Player's Address: _____ City: _____ St: _____ Zip: _____

Primary Phone: _____ Email: _____

Current Grade and School _____ Emergency Contact: _____

Winter Classic Team Registration: (List Team Name and Players Names)

Team Name: _____

1. _____
2. _____
3. _____
4. _____

Permission to Participate:

Release of Liability and Authorization for Medical treatment:

The named participant is in good health and has my permission to participate in the soccer camp(s). I hereby release Tiger Soccer Academy and all their respective employees, officers, directors, agents, officials, and volunteers from and against any liability claims and demands for any injury or illness incurred at the soccer camp/program. I, _____ hereby assume complete financial responsibility for any personal injury and property damage created as a result of an intentional or negligent act of my child while he or she is attending soccer camp. If my child needs medical treatment and my consent cannot be obtained, I also agree that Tiger Soccer Academy has my consent to appropriate medical treatment for my child. This release will be in effect during the camp/program dates listed above.

Date: _____ Signature: _____

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