

Ocean City Recreation and Parks
2017 St. Patrick's Indoor Soccer Tournaments

Team Entry Form (Please Print or Type) – **Circle Division you wish to enter**

(Use a separate form for each entry)

Feb 24-26	Mar 3-5	Mar 10-12	Mar 17-19
337337B - U18 Boys Sept. 1 st 1998 and Up	237371B - U12 Boys (2005 and Up)	337337A – Adult (Men's 18+)	237371A – U10 Boys (2007 and Up)
337337C – U18 Girls Sept. 1 st 1998 and Up	237371D – U12 Girls (2005 and Up)	337337D -Adult (Women's 18+)	237371C – U10 Girls (2007 and Up)
337337E – Co-Rec (Adult 18+)	237371F – U16 Boys (2001 and Up)		237371E – U14 Boys (2003 and Up)
	237371H – U16 Girls (2001 and Up)		237371G – U14 Girls (2003 and Up)

Team Name: _____ Division: _____

Jersey Color: _____ Alternate Jersey Color: _____

Coch/Team Manager:

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: (H): _____ (W): _____ (Cell): _____

E-mail address: _____

Name and location of your local club or league: _____

Local Club or League website address: _____

Entry Deadlines: January 20, 2017 - priority registration for returning teams
 January 27, 2017 - deadline registration for all teams

I, _____ (coach or team representative) do hereby for myself, my heirs, and assigns, waive and release any and all claims to damage against the Town of Ocean City, Ocean City Recreation and Parks, and its' agents and authorized representatives conducting the St. Patrick's Indoor Soccer Tournaments, as a result of any and all injuries incurred. In addition, I agree to abide by all decisions as rendered by official tournament staff, and will be responsible for the conduct demonstrated by all of my players, coaches, and spectators. I understand that my actions by my team, coaches, and spectators may jeopardize my invitation to future tournaments hosted by the Ocean City Recreation and Parks Department. In addition I authorize the Town to take and use any photographic images of team members for promotional purposes.

Signed: _____ Date: _____

TEAM ENTRY FEE: \$400 non-refundable fee must accompany team entry form.

Mail to: 200-125th Street, Ocean City, MD 21842 Attn: St. Patrick's Soccer Tournament

Checks Payable to: The Town of Ocean City, Fax to: 410-250-5409, E-Mail

to: kkinsey@oceancitymd.gov

Credit Card: Type: _____ Card # _____ Exp. Date _____

For Office Use Only: Paid: _____ Date: _____ Initials: _____