



Ocean City Recreation and Parks
2024 Ocean City Futsal Classic
February 09 – 11, 2024

Team Entry Form (Please Print or Type)
 (Use a separate form for each entry)

Team Name: _____
 Jersey Color: _____ Alternate Jersey Color: _____

Check Division you wish to enter

<input type="checkbox"/> Boys 2006	<input type="checkbox"/> Girls 2006	<input type="checkbox"/> Boys 2011	<input type="checkbox"/> Girls 2011
<input type="checkbox"/> Boys 2007	<input type="checkbox"/> Girls 2007	<input type="checkbox"/> Boys 2012	<input type="checkbox"/> Girls 2012
<input type="checkbox"/> Boys 2008	<input type="checkbox"/> Girls 2008	<input type="checkbox"/> Boys 2013	<input type="checkbox"/> Girls 2013
<input type="checkbox"/> Boys 2009	<input type="checkbox"/> Girls 2009	<input type="checkbox"/> Boys 2014	<input type="checkbox"/> Girls 2014
<input type="checkbox"/> Boys 2010	<input type="checkbox"/> Girls 2010		

Coach/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: _____

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 Ocean City Futsal Classic, as a result of any and all injuries and illnesses incurred including Covid-19. 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 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: \$275 non-refundable fee must accompany team entry form.
 Entry Deadline: January 19, 2024 or when the tournament fills whichever is first

Mail to: 200-125th Street, Ocean City, MD 21842
 Attn: Ocean City Futsal Classic Email to: epinto@oceancitymd.gov
 Checks Payable to: The Town of Ocean City Fax to: 410-250-5409

Credit Card: Type: _____ Card # _____ CVV# _____ Exp. Date _____
 For Office Use Only: Paid: _____ Date: _____ Initials: _____