

2025 New Richmond March Meltdown 5v5 Indoor Tournament Team Registration Form

Include Payment with Registration

Team Name: _____

Primary Contact: _____

Cell Number: _____ Secondary Number: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Age Division: U10 U11 U12 U13 U14 U15 HS

Boys Girls

I understand and agree by signing below I am taking sole responsibility for my child's participation in the event. I explicitly release and discharge the New Richmond Soccer Club and New Richmond School District from any claim for injury, loss or damage as a result of participation in this event. I understand that pictures may be taken of participants. I authorize immediate medical attention to be administered should I not be available. I understand that the Soccer Club and School District are not responsible for lost or stolen items while participating in the event.

Player #1 Full Name: _____ Player Birth Date: _____

Email Address: _____ Shirt Size: YS YM YL S M L XL 2XL

Player #2 Full Name: _____ Player Birth Date: _____

Email Address: _____ Shirt Size: YS YM YL S M L XL 2XL

Player #3 Full Name: _____ Player Birth Date: _____

Email Address: _____ Shirt Size: YS YM YL S M L XL 2XL

Player #4 Full Name: _____ Player Birth Date: _____

Email Address: _____ Shirt Size: YS YM YL S M L XL 2XL

Player #5 Full Name: _____ Player Birth Date: _____

Email Address: _____ Shirt Size: YS YM YL S M L XL 2XL

Player #6 Full Name: _____ Player Birth Date: _____

Email Address: _____ Shirt Size: YS YM YL S M L XL 2XL

Player #7 Full Name: _____ Player Birth Date: _____

Email Address: _____ Shirt Size: YS YM YL S M L XL 2XL

Player #8 Full Name: _____ Player Birth Date: _____

Email Address: _____ Shirt Size: YS YM YL S M L XL 2XL

For teams with more than 8 players please add another registration sheet and include with your payment submission.