

UPPER 90 CHALLENGE

5435 N. Garland Ave. Ste. 140-262

Garland, Tx 75040

registration@u90challenge.com

www.u90challenge.com



Club Name: _____

Team Name: _____

Coach: _____ Email: _____ Cell: _____

Team Mgr: _____ Email: _____ Cell: _____

Tournament Date: December 2 - 4 Wylie, Tx

Registration Deadline: Monday, November 28

Division: U05 _____ U06 _____ U07 _____ U08 _____ U09 _____

U10 _____ U11 _____ U12 _____ U13 _____ U14 _____

Recreational _____ Academy _____ Select _____

Boys _____ Girls _____

Outdoor League your team participates in:

Preferred competition level compared to your outdoor league:

More Competitive: _____ Less Competitive: _____ Same Level: _____

Time & location of any league game conflicts:

Payment: On-line payment available at www.u90challenge.com or make Checks payable to Upper 90 Challenge. (Include team name in the memo section of check.)

Assumption of Risk\Release of Liability

I (as the official representation of my team identified above) agree to abide by the event rules and regulations of the event(s) and understand any violation will be grounds for immediate disqualification WITHOUT refund of any portion of the entry fee. In addition, recognizing the possibility of physical injury associated with all aspects of the sport of soccer and in consideration for Upper 90 Challenge accepting my team for one or more of its events, I hereby release, discharge and/or otherwise indemnify Upper 90 Challenge, its affiliated organization and sponsors, employees, volunteers, and associated personnel, including the owners of fields and facilities utilized for the events.

Signature of coach or team manager: _____ **Date:** _____