

4v4 Soccer Tournament!

Friday, March 30, 2012

Silverbacks Sports Center (SSC) - 678-714-7454
4285 Brogden Exchange, Suwanee GA 30024



Age Divisions:
U9/U10,
U11/U12, U13/U14

4v4 Tournament Schedule

- Schools Out 4v4, May 23, 2012
- Summer 4v4, June 25, 2012
- Mid Summer 4v4, July, 2012
- Octoberfest 4v4, Monday, October, 2012
- Thanks Giving 4v4, Wednesday, Nov. 21, 2012
- Winter Break 4v4, Dec., 2012

Registration:
\$30 per player

Each player must call or visit SSC to register. 678-714-7454

Includes Lunch
9:30 am to 4:30 pm
Playoffs start at 2:30

PLEASE **RSVP** your team with roster to bmoe@soccerdynamo.net
Call 770-476-2392 for more info

This program for experienced players is designed to offer a competitive environment using small sided games. Players will get multiple opportunities to fine tune and experiment with skills and tactics at game speed. **Win = 3 points, Tie = 1 point** Points throughout the day are used to seed playoffs. Playoffs begin at 2:30

Benefits

- Leadership skills
- Soccer skills
- Speed of play
- Safe environment
- Play rain or shine
- Quality exercise

4V4 REGISTRATION FORM

Age Group: _____ Team Name: _____

1 First: _____ Last: _____

Age: _____ Birthdate: _____ Club: _____

Address _____

City _____ Zip _____

Emergency Phone: _____ H: _____

E-mail: _____

Parent's signature: _____

2 First: _____ Last: _____

Age: _____ Birthdate: _____ Club: _____

Address _____

City _____ Zip _____

Emergency Phone: _____ H: _____

E-mail: _____

Parent's signature: _____

3 First: _____ Last: _____

Age: _____ Birthdate: _____ Club: _____

Address _____

City _____ Zip _____

Emergency Phone: _____ H: _____

E-mail: _____

Parent's signature: _____

Pre-register individually by phone or onsite. 678-714-7454. Bring this signed form w/ individual signatures & payments to SSC.

4 First: _____ Last: _____

Age: _____ Birthdate: _____ Club: _____

Address _____

City _____ Zip _____

Emergency Phone: _____ H: _____

E-mail: _____

Parent's signature: _____

5 First: _____ Last: _____

Age: _____ Birthdate: _____ Club: _____

Address _____

City _____ Zip _____

Emergency Phone: _____ H: _____

E-mail: _____

Parent's signature: _____

***Minor Participant Waiver/Release Assumption of Risk/ Agreement One Chaperone per 3 teams (up to 18 players) must remain on site at all times during the day.**

The undersigned parent or guardian understands that the applicant will be engaging in physical activity during the competition that contains an inherent risk of physical injury, and the undersigned assumes the risk and accepts personal responsibility for any injury, disability or death, and any damages, whether social or economic, and releases Atlanta Silverbacks, Soccer Dynamics, Atlanta Fire United, its programs, its director, sponsors, staff from any and all liability for personal injury arising out of the applicant's participation in the competition. I hereby grant permission for my child to attend any and all Soccer Dynamics 4v4 Series tournaments and to be treated by a licensed physician or member of the staff for any injury, accident, illness, or other mishap. The applicant is physically fit according to our family physician, and I further agree to pay through my insurance company or otherwise for any medical treatment that may be necessary.

I/WE HAVE READ THE AGREEMENT BELOW AND UNDERSTAND THAT I/WE GIVE UP CERTAIN RIGHTS BY VOLUNTARILY SIGNING AND I/WE NEVERTHELESS DO SO.

Parent signature required next to your child's information. _____