

SOCCER CHALLENGE

ENTRY FORM

I wish to enter THE KNIGHTS OF COLUMBUS SOCCER CHALLENGE in the category and age group checked below. My eligibility is to be determined by my age as of September 1. Birth Certificate or other proof of age is required to verify eligibility.

Boys Girls AGE: 9 10 11 12 13 14

Note: This same form must be used for the Council, District and Jurisdiction Competition — please be sure it is passed on accordingly.

Name of Entrant _____ Date of Birth _____

Street Address _____

City _____ State/Province _____ Postal Code _____

Parent/Guardian Telephone (Circle one: Home Cell) _____ Email _____ Signature of Entrant _____

This Section To Be Completed By Parent/Guardian:

Council No. _____

By signing below, the undersigned requests and approves of the entrant's registration and participation in the KNIGHTS OF COLUMBUS SOCCER CHALLENGE ("The Contest"). In consideration for the entrant's participation in the Contest, the undersigned (1) acknowledges that the entrant's participation will be the at the sole risk of the entrant and the undersigned and (2) agrees to release, indemnify and hold the Knights of Columbus Supreme Council, its subordinate units, officers, agents members and employees harmless from any and all demands, claims or causes of action arising from or relating to the entrant's participation in the Contest. The undersigned also agree to allow representatives from the Knights of Columbus Supreme Council or any of its subordinate units to take and publish photographs or videos of the entrant during the Contest. **The entrant may compete in only one council level competition. Parent or guardian must sign this form before entrant competes.**

Parent/Guardian

Date signed



