



Clark University Pre-season Warm-up Team Registration and Waiver of Liability Form

Clark University Fall Classic Registration Procedure:

Registrations will be accepted via MAIL ONLY.

Please complete and mail this form, a copy of your insurance policy, along with a check for \$350 (payable to New England Tournament Specialists) to:

Leo Maloney, Tournament Director
New England Tournament Specialists
P.O. Box 80048
Stoneham, MA 02180

Only registrations with completed forms AND checks will be processed. The tournament schedule and other notifications will be made via our website, www.netourneys.com, with further instructions for tournament.

Team Registration Information (all lines MUST be completed)

Team Name/Town: _____

Coach's Name (first & last): _____

Coach's Mailing Address: _____

Coach's Phone Number: (Home:) _____ (Cell:) _____

Coach's E-mail: _____

Circle Team Grade **Varsity**

Circle Division: I II III IV

Circle Gender: Boys Girls

Waiver of Liability

I hereby acknowledge that the New England Tournament Specialists, its management, its tournament staff, and Clark University are not liable or responsible for any injuries, loss of equipment or personal property associated with our participation in the New England Tournament Specialists – Clark University Pre-Season Warm-up Tournament.

I understand that each team is responsible for obtaining its own insurance and for ensuring that the policy covers participation in the New England Tournament Specialists – Clark University Pre-Season Warm-up Tournament.

A copy of your insurance policy must be provided along with this registration form.

I have read this form carefully and agree to all that is stated. I understand that by signing, I am signing for my entire team as well as anyone associated with it (coaches, players, parents, and spectators).

Signature of Coach

Print Name

Date

For Tournament Registration Only: Payment Rec'd: _____ Date: _____ Check#: _____ Insurance Policy: _____