



*Bemidji Youth Soccer Presents:*



**Ground Hog Invite 2018 – April 27<sup>th</sup> – April 29<sup>th</sup>**  
***Kick Off Your Summer Season in Bemidji, MN***

Bemidji Youth Soccer cordially invites you to our 3<sup>rd</sup> annual spring tournament. The tournament will be played in a 6v6 format and will be played in Bemidji State's turf stadium field and grass training field.

All teams will be guaranteed 3 games with bracket winners playing in a championship game. Games will be 40 minutes.

Age groups include:

U10 Boys	U10 Girls
U12 Boys	U12 Girls
U14 Boys	U14 Girls
U16 Boys	U16 Girls
U19 Boys	U19 Girls
<b>Adult Men</b>	<b>Adult Women</b>



\*Adults play Friday evening & youth play Saturday or Sunday depending on age group.

Cost is only \$175 per team but brackets will fill quickly so register soon!

Register on-line at: <http://www.bemidjiyouthsoccer.org/>

\*Hard copy of waiver will need to be signed and brought to check-in for each individual on team

\*upon receipt of registration you will be sent an email confirming your participation in this event  
QUESTIONS CAN BE DIRECTED TO Tournament Director: Jeff Mitchell [jlct@yahoo.com](mailto:jlct@yahoo.com)

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**Health Waiver and Emergency Care Authorization**

**Team Name:** \_\_\_\_\_

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name (Please print): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Person to Contact in Case of Emergency: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please Indicate any Pertinent Previous Medical History: \_\_\_\_\_

List Medications, Allergies, or any Other Notes: \_\_\_\_\_

**Hold Harmless:**

The undersigned, Parent/Guardian of minor, understands that participation in the tournament is voluntary. Parent/Guardian of minor understands that minor, as a participant in events sponsored by, or associated with Bemidji Youth Soccer & Bemidji State University, whether athletic or social in nature, is subject to risk of injury. Parent/Guardian agrees to defend, indemnify and hold harmless Bemidji Youth Soccer & Bemidji State University and its partners, agents, employees, owners from and against any claim, demand, suit, judgment, cost of fees, which arise out of or are in any way connected with Bemidji Youth Soccer's Spring Tournament & Bemidji State University, regardless of whether such claims are the result of the negligence of Parent/Guardian/Minor or anyone else or for any other cause.

**Permission for Emergency Care:**

As the parent/legal guardian, I request that in my absence, the named participant be admitted to any hospital or medical facility for diagnosis and treatment. In case of injury, accident or illness, I authorize the on-site staff and volunteers to provide appropriate medical assistance or if an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the participant the hospital or nearest facility. I also understand that if ambulance transport or emergency treatment is deemed necessary, I may not be notified until after the transport has been initiated. I request and authorize physicians, athletic trainers, technicians, first aid personnel, nurses to perform any diagnostic procedures, treatment procedures, operative procedures, and x-rays of the above. I have been given no guarantee as to the results of examination or treatment. Our insurance carrier and I accept any and all responsibility for all costs associated with the medical care of the above participant. I will notify Bemidji State University Soccer Camps if, at any time, our medical insurance provider changes while participating in the activities with Bemidji State University.

I have read and understand the above.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARTICIPANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_