



# **1ST ANNUAL RIO HONDO COLLEGE 7v7 SOCCER TOURNAMENT**

**Join us Friday, Saturday, and Sunday  
August 18, 19, & 20, 2017**  
(Register by August 11th)

**Divisions:**  
**High School Boys Teams**

**All teams will play 7v7- guaranteed 3 games**

**Maximum 10 players on the roster**

**HS players must be entering Grade 9-12 during the upcoming school year and need high school ID to compete.**

**Cost is \$150 per team**

**Games will be played at the Rio Hondo College Soccer Field Stadium.**

**Tournament festivities will include:**

- Player drawings for sports equipment
- Sports Equipment Vendors
- Food

**Contact**  
**Javier Aguiniga, 626-532-4706/jaguicam@gmail.com**

Thank you for participating in our tournament and we hope your experience is an enjoyable one.

# Rio Hondo Soccer 7v7 Tournament

## Roster Information

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

High School Affiliation: \_\_\_\_\_

Team Colors: \_\_\_\_\_

Coaches Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

Players Name (Print)	Birth Date	Grade	Medical Waiver?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Signature of coach: \_\_\_\_\_ Date: \_\_\_\_\_.

*Medical waiver: The players above acknowledge and agree to abide by all tournament rules and waive any claim for financial recovery in case of injury or death as a result of participation in this tournament, give consent for medical treatment as prescribed by a licensed doctor or dentist in order to preserve live, limb, or the well-being of the player, and acknowledge responsibility for payment of such treatment. Signature of the coach below is acknowledgement that he/she has discussed this with the parent/guardian of all players on the roster and has gained their consent and understanding to this medical waiver clause. If for any reason any player, parent/guardian or coach cannot agree to this waiver they will not be allowed to participate in the tournament. Please provide a completed Player Medical Waiver Form for each participating player on your team.*

**Send completed form and check to:**

Javier Aguiniga Campos

3600 Workman Mill Rd, Whittier, CA 90601

Or by email to [jcampos@riohondo.edu](mailto:jcampos@riohondo.edu)

**Send this completed form along with a check for  
\$150 as soon as possible to reserve your spot.**

(Make checks payable to Rio Hondo College Men's Soccer)

Player Medical Waiver Forms  
are due the day of the tournament.

# Rio Hondo College 7v7 Soccer TOURNAMENT

## Player Medical Waiver Form

(This is a legally binding document and by participating, viewing or remaining on premises, you are assuming the risk of injury.)

TEAM NAME: \_\_\_\_\_

COACH: \_\_\_\_\_

PARTICIPANT: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEDICAL PROBLEMS OR ALLERGIES: \_\_\_\_\_

**MEDICAL RELEASE, RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATION AND LIABILITY WAIVER AND RELEASE** (To be signed by participant and, if participant is under 18 years of age, by the participant's parent or guardian.)

1. I hereby give full permission for any and all medical treatment necessary to be administered to me, or to my child in case of an accident, injury, or sickness, under the direction of the person listed above. This release is in effect until I may revoke or change its terms. I also hereby assume the responsibility for payment of such treatment. I understand that Rio Hondo College does not provide medical insurance or coverage for participants or spectators.

2. I, (or my child) wish(s) to participate in a sports activity at the Rio Hondo College facilities. I/we realize that there are dangers and risks involved in this participation. Some of the dangers inherent in sports are the hard physical contact, and the impact from a thrown, kicked or struck ball. Some of the risks include a full range of injuries from minor to severe, and include infections, broken bones, permanent disability, or death. I also understand that the risk of injury applies even to spectators of this program. Moreover, if I (or my child) have a special condition, I understand that this may create additional risks. I understand that it is my responsibility to determine the nature and extent of these risks, and based on that knowledge, decide whether I (or my child) will participate and, thereby, accept the additional risk. In consideration of using the Rio Hondo College facilities, I agree to accept the risks of participating and agree and understand that playing sports can be hazardous, and agree not to sue the following entities and further agree to release, discharge and/or otherwise indemnify, Rio Hondo College its employees, volunteers, associated personnel, and the owners of the facility. I voluntarily assume the risk of injury while at the facilities be it playing a sport or any other activity at the facilities.

I (or my child) am participating in a sporting event and plan to be present at Rio Hondo College and agree to report any injuries before leaving the facility.

Participant's signature

Parent / Guardian (if child is under 18)

Date

Participant (Print)

Parent or Guardian ( Print )

Date