

CITY OF WOODLAKE
PARKS & REC

TURKEY SHOOTOUT

2025 SOCCER TOURNAMENT

ADULT SOCCER TOURNAMENT

SAT, NOV 29

7V7 | 50 MIN GAMES

REGISTRATION IS FIRST-COME. FIRST-SERVE BASIS.

MUST REGISTER WHOLE TEAM AT ONCE.

PLAYERS MUST BE AT LEAST 16.
ROSTERS UP TO 11 PLAYERS.
ROSTERS CAN BE CO-ED, BUT NOT REQUIRED

3 GAMES GUARANTEED.

$200 PER TEAM

T-SHIRTS & TROPHY FOR CHAMPIONS

REGISTRATION DEADLINE:

TUESDAY. NOVEMBER 18TH

ALL GAMES PLAYED AT CASTLE ROCK SOCCER FIELDS

552 N. Castle Rock St. | Woodlake, CA

8AM to 8PM SATURDAY, NOVEMBER 29th

REGISTERATION PACKETS AVAILABLE AT CITY HALL

350 N. Valencia Blvd | Woodlake

EMAIL:
JReynolds@ci.woodlake.ca.us

OR ONLINE: *(SCAN QR CODE)*
CityOfWoodlake.com/Recreation

FUNDRAISER FOR WHS BOYS SOCCER TEAM

ADULT SOCCER TOURNAMENT REGISTRATION FORM

FAQ

HOW TO COMPLETE THE FORM: Please complete one form with all players' information on your roster. Once this is completed & turned into City Hall, you may not add more players to your roster. Signatures can be done at tournament.

WHAT'S THE COST: **$200 per team**

WHAT IS PROVIDED: Field, referees, lights; t-shirts & trophy for Champions. Participants must provide their own cleats, shin guards, etc. Please try to coordinate your team shirt colors as much as possible.

WHEN ARE GAMES: The tournament will be the Saturday after Thanksgiving—Nov 29th, from ~8am to 8pm

WHAT ARE THE PARTICIPANT REQUIREMENTS: The only stipulation is that players must be at least 16 years old.

WHEN WILL I BE CONTACTED NEXT: Once registration is closed, your team's point person will receive the game schedule & bracket information to distribute to his/her team.

TEAM NAME: _____ **TEAM COLOR:** _____

TEAM POINT PERSON: _____ **# OF PLAYERS:** _____

POINT PERSON PHONE #: _____ **EMAIL:** _____

☐ (initials)

REFUND POLICY

I understand that the City of Woodlake Parks and Recreation, as a rule, does not offer refunds. Your registration is used for team, facility, referee, lighting, and staffing coordination and planning for the season. Special situations can be discussed. My initials indicate acknowledgement of the refund policy.

PHOTOGRAPHY / VIDEO RELEASE

I understand that the City of Woodlake Parks and Recreation may take pictures and/or video for use in a City publication, educational purposes or social media posts. My initials indicate approval for the use of such photography/video in which I or my child may appear. I understand that I will not receive compensation for the use of the pictures/video.

MEDICAL RELEASE

I hereby consent to participate in the City of Woodlake Parks and Recreation Program mentioned above. I give permission to the league, its officers, or representatives, to provide medical treatment in case of an emergency or injury.

CITY OF WOODLAKE PARKS AND RECREATION RELEASE. WAIVER OF LIABILITY AND ASSUMPTION OF THE RISK AGREEMENT FORM. READ CAREFULLY BEFORE SIGNING

In consideration of being allowed to participate in the **City of Woodlake Parks and Recreation**, athletic sports or recreation programs, and related events and activities, the undersigned acknowledges, appreciates, and agrees that ***the risk of serious injury including, but not limited to, permanent paralysis, injury, and death, is significant and does exist, even though particular rules, equipment, and personal discipline may reduce the risk.*** Therefore:

1) **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS,** both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE CITY OF WOODLAKE** or others, and assume full responsibility for my participation;

2) I willingly agree to comply with the stated and customary terms and conditions of participation. **IF I OBSERVE ANY UNUSUAL SIGNIFICANT HAZARD DURING MY PRESENCE OR PARTICIPATION, I WILL EITHER REMOVE THE HAZARD, IF POSSIBLE, OR DISCONTINUE MY PARTICIPATION** and/or bring such hazard to the attention of the nearest official immediately; and

3) **I WILLINGLY AGREE TO COMPLY WITH** the tournament's **ZERO TOLLERANCE FOR BAD BEHAVIOR** policy and I understand that there are no warnings. Players who fall out of compliance will be ejected and are not allowed back for the duration of the tournament.

4) I, for myself, my heirs, assigns, personal representatives and next of kin, hereby **RELEASE AND HOLD HARMLESS** the City of Woodlake, their officers, officials, agents, employees, volunteers, other participants, sponsors, advertisers and owners and lessors of the premises used to conduct the event, for **ANY AND ALL INJURY, DISABILITY, DEATH,** or loss or damage to person or property, **ARISING FROM THE NEGLIGENCE** of the above named organization.

This is to certify that I, as parent or legal guardian, have **LEGAL RESPONSIBILITY** for this participant. I have read and understand the significance of this **RELEASE AND WAIVER** and do consent and agree to his/her waiver, release and assumption of the risk as provided above. I release and agree to indemnify and hold harmless the City of Woodlake and associated persons from any and all liabilities for injury or damage to the above minor while participating in these programs **ARISING FROM THE NEGLIGENCE** of the City of Woodlake and associated persons.

ADULT SOCCER TOURNAMENT
REGISTRATION FORM

PLEASE COMPLETE ALL PLAYER INFO NOW; SIGNATURES CAN BE COLLECTED AT TOURNAMENT

ROSTER:

PLAYER 1 NAME: _____ DOB: _____ CITY: _____

Emergency Contact Person: _____ Ph #: _____

I have read & agree to the Photo/Video Release, Medical Release, and Waiver of Liability on the previous page:

Signature: _____ Date: _____
(Parent/Guardian Signature if under 18)

PLAYER 2 NAME: _____ DOB: _____ CITY: _____

Emergency Contact Person: _____ Ph #: _____

I have read & agree to the Photo/Video Release, Medical Release, and Waiver of Liability on the previous page:

Signature: _____ Date: _____
(Parent/Guardian Signature if under 18)

PLAYER 3 NAME: _____ DOB: _____ CITY: _____

Emergency Contact Person: _____ Ph #: _____

I have read & agree to the Photo/Video Release, Medical Release, and Waiver of Liability on the previous page:

Signature: _____ Date: _____
(Parent/Guardian Signature if under 18)

PLAYER 4 NAME: _____ DOB: _____ CITY: _____

Emergency Contact Person: _____ Ph #: _____

I have read & agree to the Photo/Video Release, Medical Release, and Waiver of Liability on the previous page:

Signature: _____ Date: _____
(Parent/Guardian Signature if under 18)

PLAYER 5 NAME: _____ DOB: _____ CITY: _____

Emergency Contact Person: _____ Ph #: _____

I have read & agree to the Photo/Video Release, Medical Release, and Waiver of Liability on the previous page:

Signature: _____ Date: _____
(Parent/Guardian Signature if under 18)

PLAYER 6 NAME: _____ DOB: _____ CITY: _____

Emergency Contact Person: _____ Ph #: _____

I have read & agree to the Photo/Video Release, Medical Release, and Waiver of Liability on the previous page:

Signature: _____ Date: _____
(Parent/Guardian Signature if under 18)

ADULT SOCCER TOURNAMENT
REGISTRATION FORM

PLEASE COMPLETE ALL PLAYER INFO NOW; SIGNATURES CAN BE COLLECTED AT TOURNAMENT

ROSTER:

PLAYER 7 NAME: _____ DOB: _____ CITY: _____

Emergency Contact Person: _____ Ph #: _____

I have read & agree to the Photo/Video Release, Medical Release, and Waiver of Liability on the previous page:

Signature: _____ Date: _____
(Parent/Guardian Signature if under 18)

PLAYER 8 NAME: _____ DOB: _____ CITY: _____

Emergency Contact Person: _____ Ph #: _____

I have read & agree to the Photo/Video Release, Medical Release, and Waiver of Liability on the previous page:

Signature: _____ Date: _____
(Parent/Guardian Signature if under 18)

PLAYER 9 NAME: _____ DOB: _____ CITY: _____

Emergency Contact Person: _____ Ph #: _____

I have read & agree to the Photo/Video Release, Medical Release, and Waiver of Liability on the previous page:

Signature: _____ Date: _____
(Parent/Guardian Signature if under 18)

PLAYER 10 NAME: _____ DOB: _____ CITY: _____

Emergency Contact Person: _____ Ph #: _____

I have read & agree to the Photo/Video Release, Medical Release, and Waiver of Liability on the previous page:

Signature: _____ Date: _____
(Parent/Guardian Signature if under 18)

PLAYER 11 NAME: _____ DOB: _____ CITY: _____

Emergency Contact Person: _____ Ph #: _____

I have read & agree to the Photo/Video Release, Medical Release, and Waiver of Liability on the previous page:

Signature: _____ Date: _____
(Parent/Guardian Signature if under 18)

TO ENTER: Submit this registration packet to JReynolds@ci.woodlake.ca.us no later than Tuesday, November 18th. You can also drop off the registration packet & pay at Woodlake City Hall (350 N. Valencia Ave.) any week day between 8am and 4pm.

OFFICE USE ONLY: Date Paid: _____ $ _____ Check # Cash Card