CITY OF WOODLAKE
PARKS & REC

SOCCER
ADULT TOURNAMENT

SAT, NOVEMBER 28

$200 PER TEAM

T-SHIRTS & TROPHY FOR CHAMPIONS

7 V 7 | 50 MINUTE GAMES
3 GAME GUARANTEE
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

REGISTER BY: WED, NOV 18

TURKEY SHOOTOUT
2026 SOCCER TOURNAMENT

ALL GAMES PLAYED AT
CASTLE ROCK SOCCER FIELDS
8AM TO 8PM | SAT, NOV 28TH

REGISTER AT WOODLAKE CITY HALL
EMAIL JREYNOLDS@CI.WOODLAKE.CA.US
OR 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 the tournament when you arrive.

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 28th, from ~8am-8pm

WHAT ARE THE PARTICIPANT REQUIREMENTS: The only stiplulation 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 and bracket information to distribute to his/her team a few days before the tournament from the WHS Boys Soccer Team.

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

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

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

REFUND POLICY

I understand that the City of Woodlake Parks & Recreation, as a rule, does not offer refunds. Your registration fees will be donated to the WHS Boys Soccer Program as a fundraiser for their coordinating this event. Special situations can be discussed. My initials indicate acknowledgement and understanding of the refund policy.

PHOTOGRAPHY / VIDEO RELEASE

I understand that the City of Woodlake Parks & Recreation may take pictures and/or videos 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 event staff or participants may appear. I understand that I will not receive compensation for the use of the pictures/video. I agree to allowing use of these photos/videos by the City of Woodlake for publications, educational purposes or social media posts.

MEDICAL RELEASE

I hereby consent to participate in the City of Woodlake Parks & Recreation and Woodlake Unified School District collaborative Adult Soccer Tournament. 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 participating in an adult soccer tournament event at the **City of Woodlake / Woodlake Unified School District** joint facility located to the north side of the Premises at 360 N. Castle Rock Street, Woodlake, CA 93286, the undersigned acknowledges, appreciates, and agrees that the activities may be dangerous and may involve the **risk of serious injury including, but not limited to, permanent disability, permanent paralysis, injury, and death, is significant and does exist, even though particular rules, equipment, and personal discipline may reduce the risk.** I understand that the activities that take place on the Premises may not be supervised and that the Owner of the Premises does not provide medical services. I further acknowledge that any injury I, or participants of this event, or spectators of this event, may sustain while on the Premises may be compounded by negligent or delayed medical service. Therefore:

1) **I KNOWINGLY, VOLUNTARILY AND FREELY ASSUME ALL SUCH RISKS AND DANGERS** THAT MAY OCCUR PURSUANT TO MY USE OF AND PARTICIPATION OF ACTIVITIES ON THE PREMISES, both known and unknown, INCLUDING THE RISK OF INJURY, DEATH, OR PROPERTY DAMAGE, EVEN IF ARISING FROM THE NEGLIGENCE OF THE CITY OF WOODLAKE or others, and assume full responsibility for my participation and the participation of the teams and spectators of this tournament;

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 REMOVE THE HAZARD, IF POSSIBLE, OR DISCONTINUE MY PARTICIPATION** and/or bring such hazard to the attention of the nearest City of Woodlake 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 represntatives and next of kin, hereby **RELEASE AND HOLD HARMLESS** the City of Woodlake, Woodlake Unified School District, their officers, officials, agents, employees, volunteers, sponsors, advertisers and owners 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 organizations.

RELEASE OF LIABILITY. I hereby agree, on behalf of myself, my heirs and my personal representatives, to fully and forever discharge and release the City of Woodlake, the Woodlake Unified School District, and its councilpersons, employees, and volunteers ("Released Parties") or their agents from any and all claims I may have or hereinafter have for any injury, temporary or permanent disability, death, damages, liabilities, expenses and/or causes of action, now known or hereinafter known in any jurisdiction in the world, attributable or relating in any manner to my entry upon and use of the premises, whether caused by the negligence of the Released Parties or by any other reason. I acknowledge and agree that this Release and Waiver of Liability is intended to be, and is, a complete release of any responsibility of the Released Parties for any and all personal injuries, temporary or permanent disability, death, and/or property damage sustained by me while on or using the Premises.

ADULT SOCCER TOURNAMENT REGISTRATION FORM

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

ROSTER:

PLAYER 1 NAME: _____ DOB: _____ CITY: _____

Emergency Contact Person: _____ Ph #: _____

I have read & agree to the Photo/Video Relase, 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 Relase, 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 Relase, 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 Relase, 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 Relase, 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 Relase, 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 CHECK-IN

ROSTER:

PLAYER 7 NAME: _____ DOB: _____ CITY: _____

Emergency Contact Person: _____ Ph #: _____

I have read & agree to the Photo/Video Relase, 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 Relase, 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 Relase, 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 Relase, 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 Relase, 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 Wednesday, November 18th. You can also drop off the registration packet & pay at Woodlake City Hall (350 N. Valencia Blvd.) any weekday 8am-4pm

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