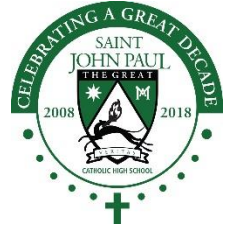


JP 3v3 Soccer Tournament for Middle School thru 9th Grade!



Calling all soccer students in Middle School thru 9th grade: you are invited to participate in the annual JP 3v3 Soccer Tournament. The indoor JP 3v3 is a great opportunity for soccer players of all skill levels to come sharpen skills, work with JP soccer coaches and players, and have a great time during the cold blustery days of January!

Create your own team of 4-5 players (or we can place you on a team). Teams may be all girls, all guys or coed (3/2 split). Each player

should register separately but make sure to put the TEAM NAME on the registration form.

Each team is guaranteed three 20-minute games and a play-off game. The field is 42ft x 50ft with 72" x40" Pugg goals and no goalie.

Contact Head Soccer Coach, Angela Beacher (admissions@jpthegreat.org with "3v3" in the **subject line**) or visit www.jpthegreat.org for more information.

Please complete the registration form attached or go to

www.jpthegreat.org/admissions/visiting/special-middle-school-invitations/

to register. You can access an online pay system at:

<https://saintjohnpaul.mypaysimple.com/s/middle-school-event-registration>

WHO: Boys and Girls – middle school thru 9th grade

WHEN: Saturday, January 27 – 11:00am-7:30pm

WHERE: Main & Aux Gyms at JPtheGreat

17700 Dominican Drive, Dumfries 22026 – 703-445-0300

FEE: \$25 per player (incl event t-shirt); checks payable to JPtheGreat or pay online:

<https://saintjohnpaul.mypaysimple.com/s/middle-school-event-registration>

*Space is limited and
pre-registration is **required** by January 24th.*

Please visit:

www.jpthegreat.org/admissions/visiting/special-middle-school-invitations/
to register.



Design online at:
www.hellobits.com/shirtdesigner

JP3v3 Soccer Tournament

Saturday, January 27, 2018

Registration Form



Please complete and return this form along with a check made out to: *Saint John Paul the Great Catholic H.S.*

- **Single player:** \$25
- **Team:** each player needs to register separately and put the SAME TEAM name to be assigned to the desired team. We will make teams for those who don't have a team.

Mail to:

Saint John Paul the Great Catholic High School
Attn: JP3v3 Tournament Director
17700 Dominican Drive
Dumfries, VA 22026

Name _____ Date of Birth _____ / _____ / _____

Team Name: _____

Age: _____ School: _____ Grade: _____

Gender: _____ Male _____ Female _____ Coed

T-shirt size: Youth Large Youth Extra-Large Adult Small Adult Medium Adult Large
(Please Circle)

Parents/Guardians Names _____

Home Address _____

City/State/Zip Code _____

Parent E-Mail Address _____

Parent Home Phone Number _____

Parent Cell Phone Number _____



Please note: The Emergency Medical Consent Form & Waiver must also be completed (over).

For more information, please contact Angela Beacher: angela.beacher@jpthegreat.org or by phone at (703) 445-0229

Emergency Medical Consent Form & Waiver

Name: _____ Birth Date: _____

Address: _____ Phone: _____

Family Physician: _____ Phone: _____

Address: _____

If an emergency arises, please list two people who must/can be notified:

Must Notify (signatory below): Name: _____ Relationship: _____ Phone: _____

Can Notify: Name: _____ Relationship: _____
Phone: _____

Does your son or daughter have any allergies/medical conditions/medications? YES / NO

If yes, please explain: _____

Is your son or daughter covered by medical insurance? YES /NO

If yes, please list the company and policy number: _____

PARENTAL CONSENT FOR TREATMENT OF MINORS IN CASE OF ILLNESS OR ACCIDENT and WAIVER:

As parent or legal guardian of the child listed above, I give my consent for emergency medical attention, transportation, and other necessary emergency care services to be administered to my child/ward, should such services be deemed necessary. I understand that no major procedures will be performed, except in extreme emergency, without first notifying me. Saint John Paul the Great Catholic High School coaches, staff, faculty, and/or other associated parties shall not be held liable for any physical or mental injury, illness or other damages claimed by the child listed above while attending or participating in the JP3v3 Soccer Tournament activities unless caused by willful act or gross negligence by the person or entity against whom the claim is made.

SIGNED: _____ RELATIONSHIP: _____

I agree that my student's image and name may be used in any marketing materials, news articles and/or social media outlets as determined by the School:

SIGNED: _____ RELATIONSHIP: _____

Please mail both completed & signed forms with your check to:

Saint John Paul the Great Catholic High School

Attn: JP3v3 Tournament

17700 Dominican Dr.

Dumfries, VA 22026



Please note that your child may not participate in the JP3v 3 Soccer Tournament unless this form is completed and signed