

Ethan Barnhart Fair Play Classic Fall Tournament Application

Club Name: _____ State Assoc.: _____

Team Name: _____ Age level: _____

Check one: Boys _____ Girls _____ Team level: Rec. _____ Comp. _____

Coach's Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Coach's email (required): _____

Secondary contact name: _____ Phone: _____

I hereby affirm that this team is insured, that we meet the requirements to participate in this tournament, and will abide by its rules and I am responsible for providing medical release forms for all players. _____ (initial)

*I understand that tournament registration takes place at the WYSA complex **at least** 30 minutes before my first match. _____ (initial)*

Coach's Signature: _____ Date: _____

Registration Deadline: 10/28/19

Mail to:

WYSA c/o Linden Showalter, CPA;
42 E. Main Street
Waynesboro, PA 17268