



# Ronin Sharma Foundation

Office: 8670 140B Street, Surrey, BC. V3W0V9  
[roninsharmafoundation@gmail.com](mailto:roninsharmafoundation@gmail.com)

## SECOND ANNUAL RONIN SHARMA MEMORIAL TOURNAMENT REGISTRATION FORM

REGISTERING AS: (PLEASE CHECK ONE OF THE FOLLOWING)

SINGLE PLAYER

A TEAM (Minimum 10 players + goalie - Maximum 15 players + goalie)

CONTACT INFORMATION (SINGLE PLAYER OR PERSON REGISTERING TEAM)

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH (mm/dd/yyyy) : \_\_\_\_\_ GENDER (M/F/Other): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

IF REGISTERING TEAM PLEASE PROVIDE NAMES OF ALL REGISTRANTS: (please indicate goalie)

<u>Name of Player</u>	<u>Date of Birth (mm/dd/yyyy)</u>
1.	
2.	
3.	
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13.	
14.	
15.	
16.	



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

**\*\*\* Single Player Registrants will be added to rosters as tournament coordinators see fit \*\*\***

**If you are a single player registrant and wish to be on a team with another single player registrant, please indicate their first and last name:** \_\_\_\_\_

DIVISION (CHECK WHICH BOX APPLIES):

- Bantam Division (Ages 13-14)
- Midget Division (Ages 15-17)
- Juvenile Division (Ages 18-20)
- Junior A/B Division (Ages 16-20)
- Adult Division (Ages 20+)
- Women's Division (Ages 13-15)
- Women's Division (Ages 16+)

**Registration is not 100% completed until each participant has read and signed the attached waiver and media release forms and registration fee of \$90.00 single player or \$1000.00 team fee has been paid.**

WAIVER FORM (AVAILABLE TO DOWNLOAD & SIGN)  
MEDIA RELEASE FORM (AVAILABLE TO DOWNLOAD & SIGN)

**Please download and sign each form. Each participants waiver and media release form must be completed and emailed [roninsharmafoundation@gmail.com](mailto:roninsharmafoundation@gmail.com) or completed at the registration desk prior to the teams first game. If you choose to email the forms and are a participant of a registered team, please provide the team name in the email.**

**For any questions about registration please email: [roninsharmafoundation@gmail.com](mailto:roninsharmafoundation@gmail.com)**

I HEREBY ACKNOWLEDGE, AGREE WITH AND ABIDE BY THE RULES AND REGULATIONS OF THE RONIN SHARMA MEMORIAL TOURNAMENT

I AM HEREBY STATING I HAVE READ AND AM IN AGREEANCE TO THE TERMS LISTED ON BOTH THE WAIVER FORM AND MEDIA RELEASE FORM ATTACHED.

PRINTED FULL NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF UNDER THE AGE OF 19: PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

**WE THANK YOU FOR REGISTERING AS A PARTICIPANT OF OUR SECOND ANNUAL RONIN SHARMA MEMORIAL TOURNAMENT.  
WE LOOK FORWARD TO SEEING YOU THERE!**