



PK CUP – Eastern PA Division

Event Date: November 22, 2025

Soccer & Cultural Fest Team Registration Form

ENTRY FEE: \$50.00 PER TEAM (due at submission)

Team Name: _____

Team Captain: _____

Email Address: _____

Contact Phone #: _____

Age Group: _____

- | | | | | |
|-------------------------------------|-------------------------------|-------------------------------------|-------------------------------|---------------------------------------|
| <input type="checkbox"/> U-13 Boys | <input type="checkbox"/> Coed | <input type="checkbox"/> U-15 Girls | <input type="checkbox"/> Coed | <input type="checkbox"/> Men – Open |
| <input type="checkbox"/> U-13 Girls | <input type="checkbox"/> Coed | <input type="checkbox"/> U-16 Boys | <input type="checkbox"/> Coed | <input type="checkbox"/> Women – Open |
| <input type="checkbox"/> U-14 Boys | <input type="checkbox"/> Coed | <input type="checkbox"/> U-16 Girls | <input type="checkbox"/> Coed | <input type="checkbox"/> Adult Coed |
| <input type="checkbox"/> U-14 Girls | <input type="checkbox"/> Coed | <input type="checkbox"/> U-17 Boys | <input type="checkbox"/> Coed | |
| <input type="checkbox"/> U-15 Boys | <input type="checkbox"/> Coed | <input type="checkbox"/> U-17 Girls | <input type="checkbox"/> Coed | |

Payment Method: Cash Card Online Check # _____

Amount Received: _____

Notes / Special Requests:

Disclaimer & Release: LIABILITY WAIVER: I, on behalf of my team, acknowledge that participation in the PK Cup – Eastern PA Division Soccer & Cultural Fest involves inherent risks. We agree to release, indemnify, and hold harmless the event Organizers (Cure Sports LLC / PK Cup), Field Owners, Sponsors, and Vendors from any and all liability, claims, or demands arising from participation, except in cases of gross negligence or willful misconduct. We certify that all players are medically fit and agree to follow event rules and officials' instructions.

I agree to the Liability Waiver above.

Captain Signature: _____

Date: _____