



2009 KIN ON SOCCER TOURNAMENT

Saturday, July 18, 8am-11:30am & 4:30pm-8pm & Sunday,
July 19, 10am - 5pm

Shoreline Park Soccer Field (19030 1st Ave NE, Shoreline)

Thank you for participating in the 2009 Kin On Sports Tournament. Proceeds from this event directly benefit Kin On Community Health Care in providing culturally and linguistically appropriate long-term care services to Asian seniors and families in the Puget Sound Region. Visit www.kinon.org to learn more about Kin On!

ENTRY FEE: \$600 per team including one Kin On Sports Towel per player and 20 Awards Dinner tickets per team. Additional players and friends and family (non-players) are welcome to join the Awards Dinner for \$20 per guest. Dinner tickets available online at www.kinon.org/sports.htm.

REGISTRATION: Please mail Team Registration form and Consent/Release form (with signatures from all players) along with payment (check payable to Kin On) to **John Ho (104 N 195th Court, Shoreline, WA 98133) by June 1, 2009**.

SCHEDULE: Teams must check in 30 min prior to assigned game time.

TEAMS: Maximum registration: 8 teams. Maximum 25 players per team.

PRIZES: Awards will be presented to winning teams at the Awards Dinner

AWARDS DINNER: All players and friends/family are welcome to join the **Awards Dinner on July 19, Sunday, 6:30pm at Tea Palace Restaurant** (2828 Sunset Lane NE Renton, WA 98056 (425) 277-8600). Non-player dinner ticket (\$20 per guest) available online at www.kinon.org/sports.htm.

QUESTIONS? Contact John Ho, 206.854.2098, john_k_ho@hotmail.com



2009 Kin On Soccer Tournament

Team Registration & Consent/Release Form

All players must read and sign the consent & release form to be eligible to participate.

The undersigned declares that he/she is in good health and in proper physical condition to participate in the 2009 Kin On Soccer Tournament (the "Tournament") held at Shoreline Park Soccer Fields on July 18-19, 2009. The Tournament is sponsored by Kin On Community Health Care as a fund raising activity.

The undersigned understands that by participating in the Tournament, he/she will engage in potentially dangerous endeavors exemplified by, but not limited to, running, jumping, physical contact, etc. The undersigned understands and acknowledges that he/she may incur personal or bodily injury while participating in the Tournament. Accordingly, he/she assumes all risks inherited in his/her participation and accepts full and complete responsibility for any and all injuries of any kind.

The undersigned hereby specifically releases Kin On Community Health Care, Kin On Health Care Center, and their respective directors, officers, employees, agents and contractors from any liability whatsoever in connection with any injuries that he/she might suffer as a result of his/her participation in the Tournament.

The undersigned hereby grants to Kin On Community Health Care, its licensees and contractors including photographers, volunteers rights to take pictures and videotapes to post on Kin On's web site and its newsletters, all without remuneration or compensation to the undersigned whatsoever.

By signing this form, the undersigned certifies that he/she has read and understands all of its terms.

Team Name: _____ **Captain's Name:** _____

Captain's Email: _____ **Captain's Phone:** _____

Captain's Address: _____

Player's Name	Player's or Guardian's (if under 18) Signature	Date Signed	Emergency Contact	Emergency Phone
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				



INDIVIDUAL SPONSORSHIP FORM

Each player is encouraged to seek sponsorships in support of Kin On Community Health Care. All donations are tax deductible (Tax ID: 91-1286273). Gift receipts will be mailed to donors who provide contact information. Please complete and submit this form along with money collected on your event date. If you have more sponsors than space available, feel free to make copies of this form. Thank you!

Solicitor's Name: _____ Sport: _____

Donor Name	Contact Info	Address	Amount
1	Phone: Email:		\$
2	Phone: Email:		\$
3	Phone: Email:		\$
4	Phone: Email:		\$
5	Phone: Email:		\$
6	Phone: Email:		\$
7	Phone: Email:		\$
8	Phone: Email:		\$
9	Phone: Email:		\$
10	Phone: Email:		\$
11	Phone: Email:		\$
12	Phone: Email:		\$
13	Phone: Email:		\$
14	Phone: Email:		\$
15	Phone: Email:		\$
TOTAL			\$

*Thank you for partnering with us to support Kin On in serving the Asian elderly community!
For more information about Kin On, please visit www.kinon.org.*