

Team Roster and Waiver Form	<div><div>BaySoccer Cup</div><div>Sponsored by Sports Dynamics and Four Seasons</div><div>This "completed" roster form must be turned in to the tournament committee prior to your team's first game. If not, all games played before roster is turned in will not count.</div></div>	Year: _____
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PARENT'S WAIVER: I, the undersigned parent, certify that my child, named adjacent to my signature, has my permission to participate in the games and related activities of BaySoccer Cup tournament. I acknowledge and understand that soccer is a dangerous sport and that there is a possibility of injury to my child. In consideration for my child's participation in the game of soccer, I hereby release, acquit and forever discharge indemnity, and hold harmless from any and all claims, demands, actions or causes of action for liability for damages arising out of, or in any way related to, my child's participation in soccer tournament play, Sports Dynamics ,Four Seasons, and all of its officers, directors, tournament representatives, employees, agents, volunteers and representatives.

NOTICE: The BaySoccer Cup does not provide any form of medical coverage. Insurance coverage is the responsibility of the participating teams

ALL PARTICIPANTS PLAY AT THEIR OWN RISK! THIS AUTHORIZATION IS IN EFFECT FOR THE PERIOD OF ACTIVE TOURNAMENT PLAY ONLY.

TEAM NAME			AGE GROUP	<input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS	PARENT ORGANIZATION	
COACH CONTACT NAME				ASSISTANT'S NAME		
COACH/CONTACT ADDRESS				ASSISTANT'S ADDRESS		
PHONE (H)		(W)	CELL:	PHONE (H)		(W) CELL:
E-MAIL				E-MAIL		
#	PLAYER'S NAME	ADDRESS & ZIP		D.O.B.	PARENT'S SIGNATURE	DATE

Participants 18 and older may sign the Release Form

