Team Roster and Waiver Form

Central Maryland Soccer Association, Inc.

An Open Beltway Travel League for Recreation and Club Level Teams

This roster must be turned in to the Central Maryland Soccer Association, Inc. Office prior to the team's first game. If not, all games played before roster is turned in will not count.

- ❑ Challenge
- ❑ Columbus
- ❑ Baltimore

CHECK TOURNAMENT

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 the Central Maryland Soccer Association, Inc. 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 play, including tournament play, the Central Maryland Soccer Association, Inc., and all of its coaches and tournament representatives, its officers, directors, employees, agents, volunteers and representatives.

NOTICE: The leagues and tournaments, which the Central Maryland Soccer Association, Inc. operates, do not supply any form of medical coverage. **ALL CHILDREN MUST PLAY AT THEIR OWN RISK.**

THIS AUTHORIZATION IS IN EFFECT FOR A PERIOD OF ONE (1) SEASON OR TOURNAMENT FROM THE DATE GIVEN.

TEAM NAME		AGE GROUP	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