Team Roster and Waiver Form	**Pikesville Thanksgiving Classic** Sponsored by the Pikesville Recreation & Parks Council **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.**	**Year:**_____

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 Pikesville Recreation & Parks Council's Thanksgiving Classic tournament. I acknowledge and understand that lacrosse 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, Baltimore County Department of Recreation and Parks, the Pikesville Recreation & Parks Council, and all of its officers, directors, tournament representatives, employees, agents, volunteers and representatives.
NOTICE: The Pikesville Recreation Council does not supply 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	❑ BOYS ❑ 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