## **ROSTER / RELEASE FORM**



CLUB NAME:										
CLUB POSTAL or EMAIL ADDRESS:										
COACH NAME(S): CELL #(S):										
RELEASE:										
By enrolling the below-named child in this tournament, I certify that he/she is of normal health, and capable of safe participation in the tournament. I recognize that there are inherent dangers in sport, and I assume all risks and hazards incidental to this tournament. I authorize medical treatment for this player if he/she becomes injured, unless I am personally present to waive such treatment. I am responsible for any medical bills arising from such treatment.										
TOURNAMENT: DATE:										
TEAM CLASSIFICATION: U or G (Example: U13 is 13 yrs or younger; G6 is grade 6 or below)										
PLAYER NAME	GRADE	DOB	ANY MEDICAL INFO?	SIGNATURE / RESP. ADULT						
	CLUB POSTAL or ENCOACH NAME(S):  RELEASE:  By enrolling the bicapable of safe pained I assume all right this player if he/si responsible for article.  TOURNAMENT:  TER (must be completed)	CLUB POSTAL or EMAIL ADDRES  COACH NAME(S):  RELEASE:  By enrolling the below-named capable of safe participation is and I assume all risks and haz this player if he/she becomes responsible for any medical by  TOURNAMENT:  TER (must be completed before to capable of the completed before to capable of the completed before to capable of the capable of	CLUB POSTAL or EMAIL ADDRESS:  COACH NAME(S):  RELEASE:  By enrolling the below-named child in capable of safe participation in the tou and I assume all risks and hazards incide this player if he/she becomes injured, responsible for any medical bills arising  TOURNAMENT:  TER (must be completed before tournament for the complete	CLUB POSTAL or EMAIL ADDRESS:						

	PLAYER NAME	GRADE	DOB	ANY MEDICAL INFO?	SIGNATURE / RESP. ADULT
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**NOTE:** ROSTER LIMITS ARE ESTABLISHED BY TOURNAMENT COORDINATORS.