

ROSTER / RELEASE FORM

One form per team

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: _____

ROSTER *(must be completed before tournament play begins)*

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
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

NOTE: ROSTER LIMITS ARE ESTABLISHED BY TOURNAMENT COORDINATORS.