

Team Roster, Waiver and Liability Form

Coach Name: ______ Team Name: _____

Phone Number: _____

NO.	Player's Name (Fírst & Last) <i>Please Prínt</i>	Age	Player Sígnature/Parent íf mínor (Waíver/ Líabílíty)

I/WE as a team have read and do agree to abide by the Rules § Regulations that govern your tournament. I/ WE fully understand and agree that the tournament officials and volunteers will not tolerate any verbal abusive language and physical threats. I/WE also understand that the tournament organizers and the facilities are not responsible for any injuries or accidents incurred during the tournament, or for lost and damaged items. I/ WE waive any/all liability against the Tournament Director, tournament staff, trainers, volunteers, sponsors and the owners and operators of any facility utilized by the tournament. As a team manager/coach of this team, I affix my signature as verification to the preceding statement.

Sígnature of Coach: _____

Date: