## **Team Roster and Waiver Form**

## **Parkville Labor Day Soccer Tournament**

Sponsored by Central Maryland Soccer Association & **Parkville Recreation Council** 

2016

PARENT/PLAYER 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 Parkville Labor Day Soccer Tournament. I acknowledge and understand that soccer is a dangerous sport and that there is a possibility of injury to my child. In consideration of my child's participation in the Parkville Labor Day Soccer Tournament; 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 the aforementioned event; the Central Maryland Soccer Association, the Parkville Recreation Council, Parkville United Soccer and all related officers, directors, tournament representatives, employees, agents and volunteers associated with these organizations. NOTICE: Central Manuard Socret Association does not provide any form of participant medical coverage. Insurance coverage is the responsibility of the participating teams and organizations

1401	ALL PAR	TICIPANTS PLAY	AT THEIR OWN RIS	K! THIS AUTHORI	ZATION IS IN EFFE	CT FOR THE PERI	OD OF ACTIVE TO	URNAMENT PLAY ONLY.	u organizations.	
TEA	M NAME			AGE GROUP	PARENT ORGA	PARENT ORGANIZATION:				
COA	CH CONTACT NAME				ASSISTANT'S NAME					
PHONE (H) (W)			CELL:		PHONE (H)		(W)	CELL:	CELL:	
E-M	AIL				E-MAIL					
#	PLAYER'S	AYER'S NAME		ADDRESS & ZIP		D.O.B.		PARENT'S SIGNATURE		