

# WAIVER / TEAM ROSTER FORM



TEAM NAME \_\_\_\_\_ DIVISON \_\_\_\_\_ Girls / Boys

	#	Player Name	Birthdate	School Grade	School	Parent(s) Signature	Player's Signature
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

I, the team coach, declare that the birthdates, addresses, and phone numbers on this roster are correct. I hereby certify that the members of the team names above meet the age requirements stipulated by 94 to Score Inc. and that each of the above-named players are covered by a proper accident policy of insurance. In consideration of your accepting this Team Roster, I hereby, for myself, my team, heirs, executors, administrators and assignees, waive and release any and all rights and claims for damages that I may have against 94 to Score Inc. for any injury or damages incurred at said tournament. I understand that unsportsmanshiplike conduct will not be tolerated and could result in my team's dismissal from the tournament without refund. All athletes and coaches must be listed on this Waiver / Team Roster and on the Waiver.

Date: \_\_\_\_\_ Print Name of Coach: \_\_\_\_\_ Signature of Coach: \_\_\_\_\_