



BATH FALL CLASSIC SOCCER TOURNAMENT



Team Roster & Waiver

Team Name:		Division:	
-------------------	--	------------------	--

	NAME	Grade	BIRTHDATE	PARENT SIGNATURE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

LIABILITY WAIVER: My signature indicates that I release Bath Youth Soccer, the Bath Parents Sports Club, and all parties associated with Club, and all parties associated with organizing and operating the Bath Fall Classic Soccer Tournament, from all liabilities that may arise as a result of my child participating in the tournament. I acknowledge that there are many inherent risks in playing soccer. Serious injury and even death are among the risks. I know and freely assume all such risks, both known and unknown, even if arising from the negligence of others. I assume full responsibility for my child's participation.

Coaches must sign verifying parent's signatures.

Team Coach: _____ Date: _____

Team Coach: _____ Date: _____

Team Coach: _____ Date: _____