Team Roster and Waiver Form	**Parkville Labor Day Soccer Tournament** **Sponsored by Central Maryland Soccer Association & Parkville Recreation Council**	**2017**

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 Maryland Soccer Association does not provide any form of participant medical coverage. Insurance coverage is the responsibility of the participating teams and organizations.

ALL PARTICIPANTS PLAY AT THEIR OWN RISK! THIS AUTHORIZATION IS IN EFFECT FOR THE PERIOD OF ACTIVE TOURNAMENT PLAY ONLY.

TEAM NAME			AGE GROUP	PARENT ORGANIZATION:		
COACH CONTACT NAME				ASSISTANT'S NAME		
PHONE (H)	(W)	CELL:		PHONE (H)	(W)	CELL:
E-MAIL				E-MAIL		

#	PLAYER'S NAME	ADDRESS & ZIP	D.O.B.	PARENT'S SIGNATURE	DATE