PALM BEACH 5V5 OFFICIAL TOURNAMENT ROSTER/WAIVER FORM

Acceptance of Sportsmanship, Responsibility, and Waiver: Every player's parent /guardian must sign this form. Signatures on this form signify that each person has read, understands & agrees to abide by this information & the rules of the tournament. There are risks associated with participation in this tournament & its related activities. I release and discharge Soccer Solutions USA, the International Soccer Association, Boca Raton Juniors, Inc., Palm Beach County Parks & Recreation, Event Sponsors (collectively known as event organizers) & the workers, volunteers, vendors, employees & Directors from all action, suits & demands whatsoever in law or in equity, including but not limited to, the risk of personal injury or death from playing in the tournament & the risk of loss of personal property by theft or otherwise. I acknowledge that medical insurance is not provided. The event organizers are not rules of the tournament. There are risks associated with participation in this tournament & its related activities. I release and discharge Soccer Solutions USA, the International Soccer Association, Boca Raton Juniors, Inc., Palm Beach County Parks & Recreation, Event Sponsors (collectively known) as event organizers) & the workers, volunteers, vendors, employees & Directors from all action, suits & demands whatsoever in law or in equity, including but not limited to, the risk of personal injury or death from playing in the tournament & the risk of loss of personal property by theft or otherwise. I acknowledge that medical insurance is not provided. The event organizers are not responsible for any affect participation may have on player eligibility for other sports activities. I hereby grant permission for event organizers to record any or all of my participation in this event for photos, videos, motion pictures, TV, radio and other media, & to use them, no matter by whom taken, in any matter for publicity, promotions, advertising, trade or commercial purposes without need for any reimbursement or fee paid to me.

TEAM NAME: ______ AGE GROUP: ______

PARENT/GUARDIAN SIGNATURES ONLY – COACHES MAY NOT SIGN FOR PLAYERS

Player Name :	Player Name :
Player Birth Date:	Player Birth Date:
Parent/Guardian Name:	Parent/Guardian Name:
Parent/Guardian Signature:	Parent/Guardian Signature:
Date:	Date:
Player Name :	Player Name :
Player Birth Date:	Player Birth Date:
Parent/Guardian Name:	Parent/Guardian Name:
Parent/Guardian Signature:	Parent/Guardian Signature:
Date:	Date:
Player Name :	Player Name :
Player Birth Date:	Player Birth Date:
Parent/Guardian Name:	Parent/Guardian Name:
Parent/Guardian Signature:	Parent/Guardian Signature:
Date:	Date:
Player Name :	Player Name :
Player Birth Date:	Player Birth Date:
Parent/Guardian Name:	Parent/Guardian Name:
Parent/Guardian Signature:	Parent/Guardian Signature:
Date:	Date:
Player Name :	Player Name :
Player Birth Date:	Player Birth Date:
Parent/Guardian Name:	Parent/Guardian Name:
Parent/Guardian Signature:	Parent/Guardian Signature:
Date:	Date: