Annual Tournament

Team Roster

DIVISION_____

TEAM:	CITY:	STATE:
Manager	Cell#	

	BIRTH DATE	CITY	PARENT SIGNATURE *

*** By signing, you certify that you are a parent or legal guardian** of the player on this team whose name appears on the line you signed. Further you hereby grant permission to the adult manager and coaches of this team to obtain medical care for any licensed physician, hospital or medical clinic, for the said player at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all activities, including travel to and from this tournament; and you do hereby waive, release, absolve, indemnify, and agree to hold harmless **COYBSA**, the tournament organizers, supervisors, participants, and persons transporting the player to and from Charter oak Parks and Recreation and Charter Oak Unified School District, for any claim arising out of an injury to the player. No alcoholic beverages will be allowed at game sites. Any use of alcoholic beverages could result in the loss or forfeiture of game or games.