

# Siege at St. Francis Soccer Tournament 2011

## Waiver of Liability / Release Form

Team Name _____	Age Division _____	Check One	
Coach's Name _____	Emergency # _____	Boys _____	Girls _____
Manager Name _____	Emergency # _____		
Permit to Travel _____	Additional # _____		

**THIS FORM IS REQUIRED AT TIME OF TEAM CHECK-IN - COMPLETED.**

Print Clearly and list in Alphabetical Order by Player Last Name, First Name						TOURNAMENT USE ONLY		
	Player Name	Parent Signature	Date of Birth	Uniform #	Regular / Guest Player	Roster(s)	Player Card with Picture	Medical Release
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								

In consideration of the furtherance of your proposed objectives and aims and in consideration of your permitting me to participate in your tournament, on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release all rights and claims for damages, which I may have against you. The Siege at St. Francis Soccer Tournament, St. Francis Soccer Club, St. Francis Hospital, as well as any other person, sponsors, organization or corporation who is sponsoring or assisting in the tournament.

**This team was checked in by SFSC:** \_\_\_\_\_  
Print Name

