

# SIEGE

## Siege Soccer Tournament Waiver of Liability / Release Form

Team Name: \_\_\_\_\_ Age/Division: \_\_\_\_\_ **BOYS / GIRLS**  
 Coach's Name: \_\_\_\_\_ Emergency #: \_\_\_\_\_  
 Manager Name: \_\_\_\_\_ Emergency #: \_\_\_\_\_ Additional #: \_\_\_\_\_  
 Permit to Host Form: \_\_\_\_\_

**This form is REQUIRED at time of check in - COMPLETED.**

	<b>Print Clearly</b>					TOURNAMENT USE ONLY				
	Player Name	Parent Signature	Date of Birth	Uniform Number	Regular/ Guest	Roster(s)	Player Card	Pictrue	Medical Release	Birth Certificate
<b>1</b>										
<b>2</b>										
<b>3</b>										
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<b>18</b>										

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

This Team was checked in by: \_\_\_\_\_