

South Central Soccer Academy

Tournament Waiver of Liability Contacts

CLUB: _____ Age Group for Tournament _____

BOYS _____

Team Name: _____

GIRLS _____

Coach's Name: _____

Phone #: _____ Coach Signature _____

Manager Name: _____

Phone #: _____ Mgr Signature _____

Mgr Email: _____

Out of IN - Permit to Travel Form: _____ Hotel (if applicable): _____

Submit completed form to DOCUMENTS under our Tournament on your logged in GotSoccer account no later the weekend before. This can be revised up until 2 days (Wed) prior to event. Notify scsatourney@gmail.com that you have updated.

Per tourney rules, Guest players (not from your club) count towards max guest players (each age group is different) Club Pass players (from your club, another team), do not count in your max guest players.

A copy of this completed form will be printed by host to include at Tournament HQ to verify your tournament players.

Print Clearly							TOURNAMENT USE ONLY	
	Last Name	First Name	Parent Name	Date of Birth	Uniform Number	Regular or Club Pass or Guest	Official State Roster	Player Card Copy
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2								
3								
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21								

***We realize that some teams may have players for only a game or two. Only max roster size per age group may be on the bench.**

In consideration of being permitted to participate in this event, the above Manager signed for parents and fans hereby releases and waives Tournament host South Central Soccer Academy, and each of their respective officers, Directors, Employees, Members, and any other persons in any way connected with sponsoring or holding of this event, from any and all liabilities, claims, actions or causes of action whatever kind of character arising out of or in connection with said event. In the event that a parent, fan, or coach is ejected from the sidelines, I as the manager will make sure the character of this team is presented in a most sporting manner.