

Battle at Fort Niagara Tournament Roster Sheet



Team Name		Age		
Players Name	School District	Uni #	DOB	Parent Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Coaches Name	Coach Game Day Phone #			Coaches Signature
1				
2				
3				
4				
Team Insurance Provider				
Policy Number				
Release of Liability				

In consideration of permitting named registered child (minor) to participate in games, practices, and activities sponsored by and held under the permission of the Town of Lewiston, Town of Porter, Village of Lewiston or any entity which agrees to assist the principal entities in the operation of said games, practices and activities, I, the undersigned, as a parent or guardian of said minor, do hereby release and agree to hold harmless the Town of Lewiston, Town of Porter, Village of Youngstown and its affiliates, agents, coaches, volunteers, and employees from any liability for personal injury or damage to person or property which may occur to registered minor as a result of his/her participation in program which the minor is registered to or as a result of negligence on the part of said program agencies or its agents, employees, or volunteers related to this program.