

Roster/Medical & Liability Release Form

Baystars FC Surf and Turf 2020

Team Name: _____ Age Group/Gender: _____

Team Contact: _____ Phone #: _____

MEDICAL RELEASE

I hereby give permission for any and all medical attention necessary to be administered to the players listed below in the event of an accident, injury, illness or any other situation that calls for medical attention until such time as the parents can be contacted.

RELEASE OF LIABILITY

I am aware that during my participation and attendance in the Baystars FC Surf and Turf and related activities that certain risks and dangers may occur, including, but not limited to, hazards inherent in the sport in which the player will be training, preparing and competing; negligence or other careless acts and omissions by other participants, spectators and the sponsors; and hazardous or dangerous conditions of facilities and grounds. In consideration of the acceptance of my entry, and the right to participate, I do hereby assume all of the above risks; waive and release any and all claims or causes of action of any kind and nature which I may now or hereafter have against the event organizers and/or their sponsors.

<u>Printed Player Name</u>	<u>DOB</u>	<u>Emergency. Phone</u>	<u>Signature/Parent Signature (under 18)</u>
1.		Phone	
2.		Phone	
3.		Phone	
4.		Phone	
5.		Phone	
6.		Phone	

Please turn in your completed roster/waiver form at time of team check-in.

Thank you!