

# BOWS

Bakersfield Organization for Women's Soccer

Team Roster \_\_\_\_\_ Year

Fall [ ]

Spring [ ]

Women [ ]

Co-Ed [ ]

Team Name \_\_\_\_\_ Manager \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

<b>Name</b>	<b>Signature</b>	<b>Birthdate</b>	<b>Phone</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

# BOWS

Bakersfield Organization for Women's Soccer

## Waiver

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

In consideration of the acceptance of my registration, I, for myself, my executors, administrators, and assignees, do hereby release and discharge the Bakersfield Organization for Women's Soccer (BOWS) and other sponsors from all claims for damages, I, or my minor child may sustain arising or growing out of my participation in the BOWS League. I attest and verify that I have full knowledge of the risks in this event and that I am physically fit and sufficiently trained to participate. I further attest that I am not pregnant and will cease to participate in play should I become pregnant during league season.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BOWS

Bakersfield Organization for Women's Soccer

## Waiver

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

In consideration of the acceptance of my registration, I, for myself, my executors, administrators, and assignees, do hereby release and discharge the Bakersfield Organization for Women's Soccer (BOWS) and other sponsors from all claims for damages, I, or my minor child may sustain arising or growing out of my participation in the BOWS League. I attest and verify that I have full knowledge of the risks in this event and that I am physically fit and sufficiently trained to participate. I further attest that I am not pregnant and will cease to participate in play should I become pregnant during league season.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BOWS

Bakersfield Organization for Women's Soccer

Fall

Sept-Nov

Spring

March-May

Year

TEAM NAME \_\_\_\_\_

MANAGER \_\_\_\_\_

PHONE NUMBER: HOME \_\_\_\_\_

CELL: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

\*\*\*\*\*

## **WAIVER OF LIABILITY AND MEDICAL CONSENT FORM**

**We, team \_\_\_\_\_ do, hereby grant our consent for participation in any and all activities of the Bakersfield Organization for Women's Soccer (BOWS) league play.**

**We hereby authorize coaches, assistant coaches, or team members of the above named team, acting in capacity of activity supervisors/vehicle drivers, as agents for the named individuals, to consent to medical, surgical or dental examination, treatment, etc. should any named individual be unable to give their own consent as provided in Section 25.8 of the California Civil Code.**

**In consideration of the acceptance of my entry, I, for myself, my executors, administrators and assignees, do hereby release and discharge the BOWS and any other sponsors for all claims for damages I may sustain arising or growing out of my participation in the BOWS League. I attest and verify that I have full knowledge of the risks in this event and I am physically fit and sufficiently trained to participate. I further (if female) attest that I am not pregnant and will cease to participate in play should I become pregnant during league season**

**\*\*\*\*\* MUST BE SIGNED BY ALL PLAYERS AND COACHES \*\*\*\*\***

**Signature of the roster on the reverse side of this form signifies acceptance of this waiver of liability.**

**COACH: \_\_\_\_\_ DATE: \_\_\_\_\_**

**MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_**

**Attach this waiver form to the roster**