

**BOWS**  
**BAKERSFIELD ORGANIZATION FOR WOMEN'S SOCCER**

**INVITATIONAL TOURNAMENT \*\* FEBRUARY 11 & 12, 2012**

**TEAM ROSTER**

**TEAM NAME :** \_\_\_\_\_ **DIVISION:** \_\_\_\_\_.

*All players must sign this roster in consent to the terms of the waiver of liability on the back.*

NAME (Print)	SIGNATURE	BIRTH DATE	AGE
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**BAKERSFIELD ORGANIZATION FOR WOMEN'S SOCCER**  
**INVITATIONAL TOURNAMENT**

**FEBRUARY 11 & 12, 2012**

**TEAM NAME** \_\_\_\_\_ **DIVISION** \_\_\_\_\_.

**CONTACT PERSON** \_\_\_\_\_.

**ADDRESS** \_\_\_\_\_.

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_.

**PHONE** \_\_\_\_\_ **CELL** \_\_\_\_\_.

**EMAIL ADDRESS.** \_\_\_\_\_.

**SECOND CONTACT** \_\_\_\_\_ **PHONE** \_\_\_\_\_.

\*\*\*\*\*

**WAIVER OF LIABILITY AND MEDICAL CONSENT FORM**

We, the players and members of the team named above and whose signatures of agreement are on the attached roster, do, hereby grant our consent for participation in any and all activities of the Bakersfield Organization for Women's Soccer (BOWS) *Invitational Soccer Tournament*, being held on February 11 & 12, 2012.

We hereby assume any and all risks and hazards incidental to such participation including, but not limited to, transportation to and from any soccer activities. We hereby agree to release the BOWS, its members, officers, and volunteers, from any and all claims, damages, or causes of action arising out of or in connection with the above described soccer activity.

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 or my minor child may sustain arising or growing out of my participation in the BOWS *Invitational Soccer Tournament* on February 11 & 12, 2012. 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.

\*\*\*\*\* **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.

**Coaches and managers must sign below for roster to be valid.**

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

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