

BOWS
BAKERSFIELD ORGANIZATION FOR WOMEN'S SOCCER

*MOONLIGHT MADNESS SOCCER TOURNAMENT *
JULY 20-21, 2012

TEAM ROSTER/WAIVER

Roster signature signifies acceptance of the waiver of liability (attached) on the reverse side of this form

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

TEAM NAME _____ **DIVISION** _____

NAME (Print)	SIGNATURE	BIRTH DATE	AGE
1.			
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***MOONLIGHT MADNESS COED SOCCER TOURNAMENT ***
JULY 20-21, 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 managers, coaches, players and related individuals do represent the team named above do, hereby grant our consent for participation in any and all activities of the Bakersfield Organization for Women's Soccer (BOWS) *Moonlight Madness Soccer Tournament*, being held on July 20-21, 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 *Moonlight Madness Soccer Tournament*, being held on July 20-21, 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.

My signature of the roster on the reverse side of this form signifies acceptance of this waiver of liability. Coaches and managers please sign below for the roster to be valid.

COACH: _____ **DATE:** _____

MANAGER: _____ **DATE:** _____