CAMERON REED SCHOLARSHIP TOURNAMENT- Roster must be turned in prior to first game. No players may be added after the roster is turned in. Please complete the following and submit on tournament day with proof of Medical Release and Special Event form when needed. Only 1 roster per entered team.

4v4 MAX ROSTER 7	If Player is under 18 a parent or legal guardian must read the waiver and sign the form for their child.	
TEAM	DIVISION	
CONTACT NAME	PHONE NUMBER	
EMAIL		
P1	P5	
Name	Name	
Address	Address	
Email	Email	
Parent P2	Parent P6	
Name	Name	
Address	Address	
Email	Email	
Parent	Parent	
Р3	P7	
Name	Name	
Address	Address	
Email	Email	
Parent	Parent	
P4		
Name	I, the parent/guardian, registrant, and volunteer, agree that I have read and agree to the rules of East Texas Soccer Aits affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in	ssociation,
Address	consideration by the ETSA, accepting the registrant for its soccer programs and activities (the "Programs"). I hereby discharge and/or otherwise indemnify the ETSA, its affiliated organizations and sponsors, and their employees and a	
Email	personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of tas a result of the registrant's participation in the Programs and/or being transported to or from the same, which transported to or from the same transported to or from the same, which transported to or from the same transported to or from t	he registrant
Parent	notoby authorize.	