

# Adam Schuster Memorial Soccer Tournament Roster Waiver Form

THIS FORM MUST BE FULLY COMPLETED, SIGNED AND PRESENTED TO THE TOURNAMENT REGISTRAR ALONG WITH OFFICIAL ROSTER, PLAYER CARDS, AND COPIES OF OF BIRTH CERTIFICATES

Waiver: I, the Parent/Guardian of the Player minor, agree that I and the player will abide by the rules of USYSA and affiliated organizations (OYSAN) and sponsors. Recognizing the possibility of physical inuury associated with soccer and in consideration for acceptance of the registrant and participation in the Adam Schuster Memorial Soccer Tournamet and associated activities and programs, I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organization and sponsors (including but not limited to the Adam Schuster Memorial Soccer Tournament, Liederkranz Soccer Club, and their officers and Volunteers, the City of Ontario, The City of Lexington, OYSAN, Tournament sponsors, and the Mansfield Liederkranz and all other assisting in the Volunteer Event), their employees and associated personell including the Owners of the Fields and Facilities utilized for the tournament, against any claim by or on behalf of the player as a result of the player's participation in the Adam Schuster Memorial Soccer Tournament and associated activities and programs, and/or being transported to or from the same, which transportation I do so authorize. We, the parent/guardian of the player(s), and the coach of the team by signing this form hereby certify that the player(s) is/are current USSF/USYSA member in good standing and agree to the above stated terms and conditions

Print and sign below

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

COACH: \_\_\_\_\_

AGE: \_\_\_\_\_

Circle one:    Boys        Girls        Co-Ed

	Player Name	Jersey #	ID/Player Pass #	Birth Date	Parent/Guardian Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

See Rules for Roster Sizes