

CSA 3 v 3 SOCCER RINK CHAMPIONSHIPS

TEAM ROSTER AND MEDICAL/LIABILITY/PHOTO RELEASE FORM

With the signature(s) below, permission is hereby granted for the below named player (participant) to participate in all tournament games and other activities involving Charlotte Soccer Academy 3v3 Event. This permission is granted without reservation. Recognizing the risks presented by the competitive contact sport of soccer, the signature(s) below indicates a knowing, voluntary release of any claim which might be asserted against CSA or EUHERE Sports, their officers, administrative assistants, coaches, assistant coaches, managers, sponsors, chaperones, volunteers, and other agents or representatives. By waiving any rights to assert a claim, I am agreeing to release absolve, indemnify and hold harmless any and all parties previously mentioned for any and all liability arising from any injuries incurred by participant in the specified tournament. My waiver expressly means that I, the participant's legal parent or legal guardian, accept and assume all risks and hazards inherent in and related to the activities of the tournament. This permission also includes my authorization for emergency medical treatment deemed appropriate and necessary by any coach, assistant coach or representative or agent thereof for participant, including transportation to the nearest medical facility adequate to treat the emergency.

By signing below, I understand and authorize that player photos may be published in, but not limited to, local newspapers, tournament programs, CSA or EUHERE Sports websites, social media and promotional materials.

#	PLAYER NAME	BIRTH DATE (mm/dd/yy)	PARENT/GUARDIAN (print name)	PARENT/GUARDIAN (signature)	DATE (mm/dd/yy)	MEDICAL CONDITIONS/ALLERGIES
1						
2						
3						
4						
5						
6						

TEAM NAME: _____ **AGE GROUP:** _____

OFFICIAL COACH (SIGNATURE): _____ **DATE:** _____ **CONTACT #:** _____

**SUBMIT THIS COMPLETED FORM AT
THE FIELD PRIOR TO YOUR FIRST
GAME.**