



MEMORIAL WEEKEND SOCCER TOURNAMENT May 27 – 28, 2023

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	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____
14	_____	_____	_____	_____
15	_____	_____	_____	_____
16	_____	_____	_____	_____
17	_____	_____	_____	_____
18	_____	_____	_____	_____
19	_____	_____	_____	_____
20	_____	_____	_____	_____



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TEAM NAME _____

MANAGER _____

PHONE NUMBER(S): _____

EMAIL ADDRESS _____

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 Organized Soccer League (BOSL) MEMORIAL WEEKEND Soccer Tournament, being held on May 27 - 28, 2023.

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 BOSL, 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 BOSL and any other sponsors for all claims for damages I may sustain arising or growing out of my participation in the BOSL MEMORIAL WEEKEND Soccer Tournament, being held on May 27 - 28, 2023. 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. Players must provide their own health/accident insurance.

******* 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.

COACH: _____ DATE: _____

MANAGER: _____ DATE: _____

Attach this waiver form to the roster

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