



EACH TEAM MUST HAVE THIS FORM AT CHECK-IN

COBB FC ACADEMY OPEN

Player Roster and Release Form



TEAM AGE GROUP

We, the undersigned, jointly and severally, as parents and guardians of these minor children, release and discharge any of the designated officials of the Cobb Futbol Club, the Cobb County Youth Soccer League or any other league whose facilities may be utilized for the tournament from any and all liability, claims or demands arising from these minors participating in the COBB FC Academy open Tournament specifically to include any and all claims for personal injuries sustained while present or participating in said Tournament

<u>PLAYER'S NAME</u>	<u>DATE OF BIRTH</u>	<u>STATE ID#</u>	<u>PARENT'S SIGNATURE</u>	<u>DATE</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10 _____	_____	_____	_____	_____
11 _____	_____	_____	_____	_____
12 _____	_____	_____	_____	_____
13 _____	_____	_____	_____	_____
14 _____	_____	_____	_____	_____
15 _____	_____	_____	_____	_____
16 _____	_____	_____	_____	_____
17 _____	_____	_____	_____	_____
18 _____	_____	_____	_____	_____

I hereby verify that the above information is true and correct.

COACH'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_