

Ocean City Recreation and Parks Futsal Classic Tournament Team Roster (Please Print or Type)

Team Na	nme:		Division:	Division:	
Team Name: Jersey Color:			Alternate Jersey Color: Cell Phone:		
Team Co	oach/Manager:		Cell Phone:		
Mailing .	Address:				
	Mailing Address: E-mail:				
services in physical comployed limited to	may have an element of h condition. I agree to wair es, sponsors, and voluntee	azardous or inheren we and release the Te ers from any/all clain	per/Parent), understand that the register t danger and I take full responsibility to own of Ocean City, Ocean City Recre ms or liability, loss, cost or expenses (a lost wages) that I may incur while part	for my actions and ation and Parks, its included but not	
Jersey #	Player Name	Date of Birth	Signature (Parent if under 18)	Email Address	
				+	
				+	
				1	
				1	
and office forfeiture each tear	cial for all roster players to of any games where a m member understands to hold player (or parent) pa	. I understand than illegal player was and abides by the	team, I attest that the information p at a violation of age requirements m as used. I understand it is my respo tournament rules and player code of ad the personal release statement ab	nay constitute nsibility to see that of conduct. I hereby	
Signature of Coach/Team Manager			Date		
ROS	STERS ARE FINAL A	AT CHECK-IN. A	ALL INFORMATION MUST BE	E INCLUDED!	
REME	MBER YOU MUST F	PROVIDE PROO	F OF AGE FOR ALL PLAYER	S AT CHECK-IN	
Office Use	Only: FINAL BOSTED	APPROVED: VEC	OP NO Tournament STAFF	initials:	