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

Team Name: _____ Division: _____
Jersey Color: _____ Alternate Jersey Color: _____
Team Coach/Manager: _____ Cell Phone: _____
Mailing Address: _____
_____ E-mail: _____

By signing this waiver, I (Coach/Team Member/Parent), understand that the registered activities and services may have an element of hazardous or inherent danger and I take full responsibility for my actions and physical condition. I agree to waive and release the Town of Ocean City, Ocean City Recreation and Parks, its employees, sponsors, and volunteers from any/all claims or liability, loss, cost or expenses (included but not limited to attorney fees, medical and ambulance cost, lost wages) that I may incur while participating in the Recreation/Parks activities.

Jersey #	Player Name	Date of Birth	Signature (Parent if under 18)	Email Address

WAIVER: As a coach of the above noted team, I attest that the information provided is correct and official for all roster players. I understand that a violation of age requirements may constitute forfeiture of any games where an illegal player was used. I understand it is my responsibility to see that each team member understands and abides by the tournament rules and player code of conduct. I hereby affirm each player (or parent) participating has read the personal release statement above and signed his/her name.

Signature of Coach/Team Manager _____ Date_____

ROSTERS ARE FINAL AT CHECK-IN. ALL INFORMATION MUST BE INCLUDED!

REMEMBER YOU MUST PROVIDE PROOF OF AGE FOR ALL PLAYERS AT CHECK-IN

Office Use Only: FINAL ROSTER APPROVED: YES OR NO **Tournament STAFF initials: _____**