



Ocean City Recreation and Parks
 St. Patrick's Soccer 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/risk and may cause injury, illness, exposure to COVID-19, and death, 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	Email Address
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

***ALL Players and coaches must be listed as rostered players in order to be in the bench area**

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. I hereby affirm each player 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 IF CHALLENGED**

Office Use Only: FINAL ROSTER APPROVED: YES OR NO

Tournament STAFF initials: _____