



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 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

**\*Player/coaches must be listed as 1 of the 12 rostered players.**

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 (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 IF CHALLENGED**

Office Use Only: FINAL ROSTER APPROVED: YES OR NO      Tournament STAFF initials: \_\_\_\_\_