**ARSENAL 4V4 NO GOALIE SHOOTOUT 2022 ROSTER**

TEAM NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COACH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE GROUP \_\_\_\_\_\_\_\_\_\_\_\_\_\_ BOYS OR GIRLS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this waiver/roster, I (Coach/Team Member/Parent), understand that the registered activities have an element of hazardous or inherent danger. I take full responsibility for my physical condition and actions. I agree to release WMS, CSA, its employees, sponsors, and volunteers from and all claims and liabilities, loss or expenses that I may incur due to participation in this tournament. I give permission to seek medical attention in the event that I cannot be located.

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| **Player Name** | **Date of Birth** | **Signature (Parent if under 18)** | **Date** |
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As a coach or team manager of the above team, I attest that the information provided is correct for all rostered players. I understand that a violation of age requirements will result in the forfeiture of any games the player was used. I acknowledge and understand it is my responsibility to see that each player understands and abides by tournament rules and that they do not cause damage to anything on the premises. I hereby affirm each player (or parent) participating has read the personal release statement above and signed his/her name.

Signature of Coach or Team Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ROSTERS ARE FINAL AT CHECK-IN. REMEMBER TO CARRY PROOF OF AGE FOR ALL PLAYERS. CHECK IN TEAMS 60 MINUTES PRIOR TO FIRST GAME.

CHECKS PAYABLE TO: “Columbia Arsenal” CAN BE MAILED TO:

1504 Shadow Lawn Drive Columbia, TN 38401

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