

Tournament Team Roster & Medical Waiver

We, as parents and legal guardians of the children listed below, release, discharge, and agree to hold harmless and indemnify the NBT Soccer, any of its sponsors, or any one of the designated coaches of the team, from any and all liability, claims or demands arising from participating in the soccer programs with the team specifically to include any and all claims for personal injuries sustained while present or participating in said soccer program or while on trips sponsored by or in conjunction with said soccer program. In addition, we do hereby authorize any one of the designated adults of the team, if, after a reasonable attempt has been made to reach us to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the Registrant under the general or special supervision and on the advise of any physician or surgeon duly licensed to practice and do consent to any xray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care, by any dentist duly licensed to practice. This form must be completed and turned in at team check-in. A copy must be kept with the team at all times.

We HOLD HARMLESS, AND FOREVER DISCHARGE NBT SOCCER and its officers, directors, officials, agents, representatives, employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises upon which NBTS related events and activities take place (the "Released Parties"), from any and all claims, demands, suits, causes of action, losses, and liability of any kind whatsoever, whether in law or equity, arising out of or related to any ILLNESS, INJURY, DISABILITY, DEATH, OR OTHER DAMAGES incurred due to or in connection with any Communicable Diseases to the fullest extent permitted by law.

As a rostered team official for the below mentioned team, I certify that:

- 1 All players have a signed, official association medical release form
- 2 All players are age eligible to compete in the appropriate division the below mentioned team is participating in
- 3 The below mentioned team has and will make available upon tournament official or referee request individual player medical release forms and/or proof of age for any and all players.

Coach's Name:	Email:	Cell:

Team Official (Manager/Coach) Signature: _____

Date: _____



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