



3v3 Summer Soccer Smash

TEAM ROSTER FORM

TEAM NAME _____

BIRTHYEAR _____

GENDER _____

TEAM CONTACT FULL NAME	ADDRESS	CITY	STATE	ZIP	PHONE	EMAIL

WAIVER OF LIABILITY, INDEMNITY AGREEMENT AND ASSUMPTION OF RISK

***PLEASE READ THE FOLLOWING CAREFULLY AND SIGN. A PARENT OR GUARDIAN MUST SIGN.**

I acknowledge and understand that Pennsylvania Classics Athletic Club (PCAC) and any owners or operators of field venues are not responsible for any personal injury, loss of property, or damage to any personal property that occurs during the PCAC Summer Soccer Smash. This includes, but is not limited to, all; participants, spectators, relatives of participants, coaches, officials, or anyone associated in any way with the PCAC Summer Soccer Smash. Additionally, I acknowledge and understand that there is an inherent risk associated with parking a vehicle near a sporting event and that PCAC or anyone associated with these organizations may not be held liable for damages that a vehicle may sustain.

Medical Release Statement: I, the parent / guardian of the registrant, a minor, or adult registrant of legal age, agree that I and the registrant will abide by the rules of the Pennsylvania Classics Athletic Club (PCAC) and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for PCAC accepting the registrant for its soccer programs, activities, and tryouts (the Programs), I hereby release, discharge, and/or otherwise indemnify PCAC, PA Soccer School and its affiliated organizations and sponsors, their employees, volunteers, and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs, and/or being transported to or from the game, tryout, scrimmage, event, group practice or other program which transportation I hereby authorize.

Consent for Medical Treatment (Minor): As the parent or legal guardian of the registered player I hereby give my consent for emergency medical care provided by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. I hereby verify that all information is true and accurate. I understand that intentionally submitting untrue and/or false information could lead to eligibility disqualification, the duration to be determined by the executive board of Pennsylvania Classics Athletic Club (PCAC).

****6 Player Maximum****

FIRST NAME	LAST NAME	ADDRESS	CITY	STATE	ZIP	PHONE	DOB	PLAYER/PARENT SIGNATURE*	DATE

*Parent or legal guardian must sign if player is under 18 years of age at time of start date.