



TEAM REGISTRATION FORM

Team Name: _____ City: _____ State: _____

I _____, as the captain, hereby consent to the above-named team registering in CLH Legacy Soccer Tournament.

Team Roster: (*Please list the name and pertinent information for up to 10 players*)

Player's Name	Street Address	City, State & Zip	Cell Phone	Email Address	Emergency Contact

All team members must submit a waiver form to the team captain, prior to the tournament.

CLH LEGACY



SOCCER TOURNAMENT

LIABILITY WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

All players must submit a waiver prior to playing in the CLH Legacy Soccer Tournament!

I recognize the possibility of physical injury associated with soccer, and voluntarily accept and assume this risk as part of my playing soccer for the above-named soccer organization. I hereby release, discharge, and otherwise indemnify my club and team, CLH organization, their sponsors and its affiliated organizations, the soccer facility, and the employees and associated personnel of these organizations, against any claim by or on my behalf, as a result of my participation in CLH Legacy Soccer Tournament competition. I understand that I will cover any and all medical incidents with my personal insurance.

Player's Signature: _____ **Date:** _____