

OFFICAL TOURNAMENT ROSTER

TEAM NAME _____

DIVISION _____

PLAYERS (Please Print Clearly)

PRINTED NAME/SIGNATURE

AGE

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____

By signing the above I understand that playing or participating in soccer can be a DANGEROUS ACTIVITY INVOLVING MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in soccer MAY RESULT IN SERIOUS INJURY. In consideration for the opportunity to participate/play in the Santa Barbara Fiesta Soccer Tournament on August 1 & 2, 2009, I hereby release and discharge the University of California, Santa Barbara, the Tournament Director, or anyone associated with the tournament from all liability arising out of or in connection with the soccer tournament and I hereby assume and accept all the risks associated with playing/participating in the Santa Barbara Fiesta Soccer Tournament.