

Leland Futsal Invitational Team Roster

Must have completed prior to 1st match, will have copies at tournament

5 v 5 Indoor Soccer Tournament FEBRUARY 9/10 North Brunswick HS Leland, NC

Team Name:	Contact Name, Address, and Phone Number:	Age Bracket: U- _____
Player's Name: First	Last	Birth Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Medical Waiver Consent

I, the undersigned participant or parent/guardian of the listed player, does hereby grant the staff of NBHS/1st responder, the authority to render judgment concerning medical assistance or hospital care in the event of accident or illness. Additionally, in return for the privilege of playing in the tournament, I hereby hold NBHS staff, 1st responder, administrators, club officers, and employees harmless in the event of injury.

Player's Name	Printed Name of Parent/Guardian	Parent/Guardian Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

