



# ATLANTA SEASON FINALE

## TOURNAMENT ROSTER AND RELEASE FORM

This is the official tournament release form which must be filled out and signed by every player's parent/guardian and brought to registration, along with official state roster (5 copies), current player passes, and the Team Emergency Contact Form. Out-of-state teams will need to bring your intent to travel form.

Team Name:	
Club Name:	
Coach Name:	

Age Group:	
Gender:	

Recognizing the possibility of physical injury associated with soccer and in consideration for Peachtree City Youth Soccer Association and its affiliates accepting the registrant for its soccer tournament, I hereby release, discharge and/or otherwise indemnify Peachtree City Youth Soccer Association and their affiliated organizations & sponsors, their employees & associated personnel, and persons transporting the child to and from activities, against any claim by, or on behalf of, the registrant as a result of the registrant's participation in the tournament. By signing below, I hereby grant permission to the managing and/or coaching personnel or tournament officials, in my absence, to obtain emergency medical treatment by a doctor of medicine or dentistry for my registrant and I assume the financial responsibility for said treatment.

Jersey Number	Player Name	Birthdate	Parent/Guardian Signature	Date

