



SANTA CRUZ 7 ON 7 CO-ED SOCCER TOURNAMENT

Sky Park, Scott's Valley

July 9th & 10th

Participant Release Form

Division (full name): _____

Team Name: _____

Manager Name: _____

Participant Name: _____

Participant Birthdate: _____ **Phone number:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

SHINGUARDS ARE REQUIRED!!!

Event Dates July 9th & 10th, 2011

(managers, please make copies for each player to fill out)

I acknowledge that I am aware of and assume the risks in participating in an athletic event of this type. I attest that I am in good health and have trained sufficiently for this event. I will assume my own medical and emergency expenses in the event of an accident of injury resulting from my attending this event.

I realize if I do not follow the rules of this event I may be removed from competition and the event site. I agree to participate with proper sportsmanship and safety while attending this event.

I, the undersigned, hereby assume full responsibility for myself, my heirs, executors, administrators, for risk of injury, death or property damage due to the result of my participation in this event.

Participant Name: _____ **Date:** _____

Participant Signature: _____