



5v5 Girls Friendly Tournament Roster

Team Name: _____

Age group: U9___ U10___ U11___ U12___ U13___ U14

Team Contact: _____

Phone #: _____

Email: _____

Players first & last name	Date of Birth	Email Address
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

I certify that I am the spokesperson for the team listed above and that all information entered on this roster is true, to the best of my knowledge. I realize that falsifying any information on this roster shall be grounds for my team's disqualification.

I hereby consent to my participation in Athletico Soccer Academy tournament. By this consent, I, for myself and for my team, release and forever discharge the Athletico Soccer Academy from any and all claims, demands, and actions, or

Any and every nature whatsoever that I may have for any loss, damage, or injury sustained by me and /or my team Before, during, and after the tournament activities.

Signature: _____ Date: _____