Cal Heat Event Roster Form

Name of Team/Organization Age/Grade

#	LAST	FIRST	BIRTHDATE	GRADE	BC Copy

I, the team coach, declare that the information on this roster are correct. I hereby certify that the members of the team named above meet the age requirements stipulated, and that each of the above-named players is covered by a proper accident policy of insurance. In consideration of your accepting this TEAM ROSTER, I hereby, for myself, my team, heirs, executors, administrators and assignees, waive and release any and all rights and claims for damages I may have against the tournament sponsors for any injury or damages incurred at said league or tournament. I understand that unsportsmanlike conduct will not be tolerated, and could result in my team's dismissal from the league or tournament without refund.

X

DATE Coach or Team Representative Signature

EMAIL ADDRESS CELL PHONE