LTSC CHALLENGE CUP PARENTAL CONSENT FORM 2011

Team Name: _____

Team Age Bracket for Fall 2011 Season: _____

Gender (circle one): **BOYS** **GIRLS**

Coach's Name: _____ **Coach's cell:** _____

Uniform #	PLAYER NAME	ADDRESS	CITY	ZIP	BIRTHDATE	PARENT SIGNATURE

The parents signed above shall not hold The LTSC Challenge Cup Soccer Tournament or any group, organization, or individual connected with said tournament liable for any injuries sustained while participating in any tournament function. By affixing his or her signature hereto, the coach confirms that all players playing for his or her team in the LTSC Challenge Cup are listed above and that all such players are either rostered for his or her team for the Fall 2011 season or are guest players with player card or birth certificate carried by coach.

Coach's Signature _____

* This Form must be completed and delivered at your field check in location prior to your team playing their first game.