2010 COUNTY CUP CLASSIC
PARENTAL CONSENT FORM *

Team Name: _____

Team Age Bracket for Fall 2010 Season: _____

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

Coach's Name: _____

Coach's Phone Number: _____

Uniform No.	NAME	ADDRESS/CITY/ZIP	BIRTHDATE	PARENT SIGNATURE

The parents signed above shall not hold The County Cup Classic 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 County Cup Classic are listed above and that all such players are either a) Rostered for his or her team for the Fall 2010 season or b) Play for a younger or lesser skilled travel team within his or her recreation council or CYO.

_____
Coach's Signature

* This Form must be completed and delivered to the Tournament Director at the Tournament Headquarters (Ridgely School, 121 E. Ridgely Road, Lutherville, MD 21093) prior to your team playing their first game.