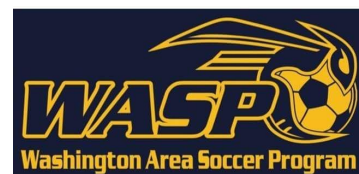


# WASP Brisk 6v6 Tournament Sign Up

[waspiowa.org](http://waspiowa.org)



November 4, 2017 - games played at 625 W. 18th Street, Washington, IA

Mail forms to: WASP 616 Lincoln St. Ainsworth, IA 52201

or email to [WASPiowa@gmail.com](mailto:WASPiowa@gmail.com) Due 10/28/17

Team Name: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Address: \_\_\_\_\_

## ROSTER

1. Player's Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ High School: \_\_\_\_\_

Parent's signature for waiver of liability: \_\_\_\_\_ date \_\_\_\_\_

2. Player's Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ High School: \_\_\_\_\_

Parent's signature for waiver of liability: \_\_\_\_\_ date \_\_\_\_\_

3. Player's Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ High School: \_\_\_\_\_

Parent's signature for waiver of liability: \_\_\_\_\_ date \_\_\_\_\_

4. Player's Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ High School: \_\_\_\_\_

Parent's signature for waiver of liability: \_\_\_\_\_ date \_\_\_\_\_

5. Player's Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ High School: \_\_\_\_\_

Parent's signature for waiver of liability: \_\_\_\_\_ date \_\_\_\_\_

6. Player's Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ High School: \_\_\_\_\_

Parent's signature for waiver of liability: \_\_\_\_\_ date \_\_\_\_\_

7. Player's Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ High School: \_\_\_\_\_

Parent's signature for waiver of liability: \_\_\_\_\_ date \_\_\_\_\_

8. Player's Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ High School: \_\_\_\_\_

Parent's signature for waiver of liability: \_\_\_\_\_ date \_\_\_\_\_

9. Player's Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ High School: \_\_\_\_\_

Parent's signature for waiver of liability: \_\_\_\_\_ date \_\_\_\_\_

10. Player's Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ High School: \_\_\_\_\_

Parent's signature for waiver of liability: \_\_\_\_\_ date \_\_\_\_\_

**Waiver of Liability:** I understand that even when reasonable precaution is taken, accidents sometimes happen. Therefore, in exchange for the WASP allowing my child to participate in this soccer program and tournament, I understand and expressly acknowledge that I release WASP from any liability for injury loss or damage connected in any way whatsoever to my child. I understand this release includes claims of negligence, action or inaction of staff, directors, guest, or volunteers.