



SCHOOL NAME

DIVISION/GRADE

PRINCIPAL SIGNATURE

	#	NAME OF PLAYER	GRADE	PARENT(S) SIGNATURE	PLAYER'S SIGNATURE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I, the team coach or representative, declares that the birthdates, addresses, and phone numbers on this roster are correct. I hereby certify that the members of the team names above meet the age requirements stipulated by SCE and that each of the above-named players are 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 that I may have against SCE for any injury or damages incurred at said tournament. I understand that the unsportsmanlike conduct will not be tolerated and could result in my team's dismissal from the tournament without refund. All athletes and coaches must be listed on this Team Roster and on the Waiver, Indemnification, and Release of Liability Agreement with signature before participation in this tournament.

DATE

Print Name of Coach

Signature of Coach