

PHS SOCCER BOOSTERS
CHRISTMAS CLASSIC INDOOR SOCCER TOURNAMENT
ROSTER

Check one: ___ Boys ___ Girls

Team Name: _____ Division: U- _____

Coach: _____

	Player (print name)	Date of Birth (mm-dd-yyyy)	Player's Cursive Signature (do this at check-in)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

As the coach of the team, I hereby certify that I have reviewed valid proofs of age for each of the players listed on this roster, and that the dates of birth set forth on this roster are true and accurate. I understand that I am responsible for the team's behavior on and off the floor and that no balls, other than tournament balls, are allowed in the Field House.

Coach's signature: _____ Date: _____

**PHS Soccer Boosters
Christmas Classic
Indoor Soccer Tournament**

Medical Release/Hold Harmless Form

I hereby give permission for any and all medical attention necessary to be administered to my son/daughter in the event of an injury, accident, sickness, etc., under the direction of the Parkersburg Tournament, team coaches, referees, or officials, until such time as I may be contacted. I also assume the responsibility for the payment of such treatment.

I hereby release, discharge and/or otherwise indemnify PHS Soccer, Parkersburg High School and the Christmas Classic Indoor Tournament, including the owners of the facilities and their employees utilized for the tournament, against any claim by or on the behalf of my child as a result of his or her participation in the Christmas Classic Indoor Soccer Tournament and/or being transported to or from the same, which transportation I authorize.

Players Name	Parents Signature
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Coach's Signature: _____ Date: _____