



**All head coaches must complete and return to director PRIOR to first game in event.**

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

Coaches name/s: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Cell # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

**Waiver: All parents must read and sign**

I hereby waive any and all rights for damages I may have against Power To Play Sports, tournament coordinators or any of its members for any and all injuries suffered in this event. I hereby give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc. under the discretion of the team's coaches until such time as I may be contacted.

Player	Grade	Parent's Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

