SUN CITY TACKLE FOOTBALL TOURNAMENT

2009

Official Roster form

Team Name _____ Age group 8/9 10/11 12/13

Name	DOB	School	Parent's Signature

Head Coach: _____ Ph _____

Assist: _____ Ph _____

E-mail address: _____

Please read and sign below. This states that Sun City Youth and tournament directors are not liable for any injuries or accidents while participating in this event. I am fully aware that my organization if in full liability of any accidents and damages to the facilities and any bodily damages while participating in this event.

_____ _____ _____

Sign Print Date