

BOWS

Bakersfield Organization for Women's Soccer
Team Roster/Waiver for _____(year)

Season (Choose one) Fall Sep-Nov Winter Jan-Apr Spring May-Jun

Division: (choose one) Women's Coed open Coed Masters

TEAM NAME _____

MANAGER _____

PHONE NUMBER HOME _____ **WORK** _____

EMAIL ADDRESS _____

NAME (Print)	SIGNATURE	BIRTH DATE	AGE
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BOWS

Bakersfield Organization for Women's Soccer Waiver 2005

Season (Choose one) Fall Sep-Nov Winter Jan-Apr Spring May-Jun

TEAM NAME _____

MANAGER _____

PHONE NUMBER HOME _____ WORK _____

EMAIL ADDRESS _____

WAIVER OF LIABILITY AND MEDICAL CONSENT FORM

We, team _____ do, hereby grant our consent for participation in any and all activities of the Bakersfield Organization for Women's Soccer (BOWS) league play.

We hereby authorize coaches, assistant coaches, or team members of the above named team, acting in capacity of activity supervisors/vehicle drivers, as agents for the named individuals, to consent to medical, surgical or dental examination, treatment, etc. should any named individual be unable to give their own consent as provided in Section 25.8 of the California Civil Code.

In consideration of the acceptance of my entry, I, for myself, my executors, administrators and assignees, do hereby release and discharge the BOWS and any other sponsors for all claims for damages I may sustain arising or growing out of my participation in the BOWS League. I attest and verify that I have full knowledge of the risks in this event and I am physically fit and sufficiently trained to participate. I further (if female) attest that I am not pregnant and will cease to participate in play should I become pregnant during league season

******* MUST BE SIGNED BY ALL PLAYERS AND COACHES *******

Signature of the roster on the reverse side of this form signifies acceptance of this waiver of liability.

Coaches and managers must sign below for roster to be valid.

COACH: _____ **DATE:** _____

ASSISTANT COACH: _____ **DATE:** _____

MANAGER: _____ **DATE:** _____