



16th Aiken Soccer Cup

Player Liability Release Form

Tournament Date: August 27-28, 2011

Team Name and Club _____

Age Group _____ Gender: (circle one) Boys Girls

Release of Liability: Recognizing the possibility of physical injury associated with soccer for players and possible injury associated with parents/guardians/spectators attending the tournament with the above listed team and in consideration of accepting the player named below into the tournament hosted by the SC Bulls Soccer Club, GA-SC Bulls Soccer Club, and Aiken Soccer Cup, I hereby release, discharge, and/or otherwise indemnify, all three Clubs listed, US Youth Soccer/USSF/SC Youth Soccer, GA Youth Soccer, US Club Soccer, its' affiliated organizations/sponsors, their employees and associated personnel, including owners of fields and facilities used for the tournament, against any claim by or on behalf of the registrant as a result of participation in the tournament.

Player Name	Parent/Legal Guardian Signature	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____

I hereby verify that the above information is true and correct:

Coach _____ Date _____
 Manager _____ Date _____