

He leído la presente responsiva y entiendo que este torneo no tiene cobertura médica y/o de accidentes y estoy participando en la competencia bajo mi propio riesgo (así como los jugadores de la presente lista y/o miembros del equipo). / I have read this waiver and understand that the tournament does not provide any kind of insurance or medical coverage for injuries sustained while playing in this tournament and I am participating under my own risk (as well as the players on this list and/or members of my team).

Team Name:		League Name:			Date:	
#	Player Name	Address	Email	Birth Date	Name/Signature (Parent or Coach if under 18)	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						