



SUMMER SIZZLER OFFICIAL ROSTER

Team Name: _____ Coach: _____

Division: _____ Coach: _____

Manager: _____ Coach: _____

Copies of Birth Certificates may be required at any time during the tournament, so please have them with you. Not having the Birth Certificate when requested could result in forfeiture of all games played during the tournament with no refund.

Medical Treatment Notice and Disclaimer: By registering and participating in KASS's tournament, each player and coach is giving to KASS the authority to administer medical treatment and care of an emergent nature. By your continued participation in this tournament, every player, parent and coach further agrees to allow KASS to request that medical care be provided in emergency or urgent situations; to request an ambulance or other emergency transportation to a medical care facility; and to make decisions concerning the need for medical care of an emergency nature. By your participation in such tournament or usage of the KASS facilities, each player, parent and coach agrees and acknowledges that KASS is not required to provide any particular type of medical care, and agrees to hold KASS harmless and release KASS of any and all liability concerning the providing or failure to provide medical care.

	Jersey #	Player Name	Parent Signature	D.O.B.
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