



Cobb Classic Invitational



PLAYERS' RELEASE FORM

I, being the Parent/Guardian of the player listed beside my signature, hereby give approval to his/her participation in tournament activities including playing on the team listed on this sheet. I recognize the possibility of serious injury to such player and assume all risks and hazards related to such tournament participation. I hereby release, discharge, absolve; and indemnify and agree to defend and hold harmless, Cobb Futbol Club and its affiliates, sponsors, tournament sponsors, employees, coaches, representatives and agents from and with respect to any claim, cause of action, liability, expense or obligation arising in connection with, or related to, such players participation in the tournament and related activities. I hereby grant permission to the team's coaching staff, or tournament personnel, in my absence, to authorize and obtain medical care and treatment from any licensed physicians, nurses or medical personnel to the extent deemed necessary by such physician, nurse or medical personnel and I assume full financial responsibility for said treatment.

Team name: _____

Age Group/Div: _____

Coach's Name: _____

Boys Girls

Manager's Name: _____

PLAYER'S NAME

PARENT'S NAME

PARENT'S SIGNATURE

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____

bring to Tournament Check-In