



# Cabot Parks and Recreation 7 v 7 Tournament Roster

Tournament Dates: (Please Check)  May 12th  June 9th  June 23rd  July 7th  July 21st

Team Name: \_\_\_\_\_ Grade Division: (please check)  3rd  4th  5th  6th  7th  8th  9th

Head Coach's Name: \_\_\_\_\_ Primary Phone (cell): \_\_\_\_\_

	Player Last Name	First Name	Date of Birth	Age	School (2017-2018)	Jersey #:
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

**COACHING STAFF**

	Coach Last Name	First Name	Phone Number:	Email Address
HC				
AC				
AC				

Cabot Parks and Recreation Liability Release: I hereby release and forever discharge the Cabot Parks and Recreation, the City of Cabot, and their employees from all claims, causes of action, or liability, which may exist at any time in the future, arising out of or pertaining to any injury, loss, damage, or harm of any kind which has, or will occur while participating in this tournament. I hereby grant CPR specific permission to reproduce, publish, circulate, copyright or otherwise use any and all photographs and/or videotape of me and/or my family, taken during the program, for use by Cabot Parks and Recreation. \_\_\_\_\_ (initials)

Signature: \_\_\_\_\_ (some grade divisions might get combined due to number of teams)

OFFICE USE ONLY: Fee: \_\_\_\_\_ CASH CHECK CARD RECEIPT #: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_