

2025

CHRISTMAS CLASSIC

FILL OUT COMPLETELY & TURN IN BEFORE 1st GAME

Team Name _____

Contact _____ Cell Phone **(REQUIRED)**: _____

Email Address **(REQUIRED)**: _____

DIVISION AND AGE GROUP

(Please check one)

BoysU8____ BU9____ BU10____ BU11____ BU12____ BU13____ BU14____ BU15____ BU16____ BU17____ BU19____

GirlsU8____ GU9____ GU10____ GU11____ GU12____ GU13____ GU14____ GU15____ GU16____ GU17____

PARTICIPANT WAIVER AND RELEASE:

The Sports Academy, The Cup or anyone affiliated with The Sports Academy, and/or The Christmas Classic up are not liable for any injury that may occur while you are participating in this tournament. Each player is urged to carry their own, individual accident and medical insurance. Each player listed on the roster below agrees to assume all risks on injury and to waive any and all rights to claims for these injuries. Please remember to always play safe and have fun in the beautiful game.

PLAYER ROSTER: Email, DOB and Signature REQUIRED:

<u>PLAYER</u>	<u>EMAIL</u>	<u>Birth Date</u>	<u>SIGNATURE</u>

Roster is final before first game