19th ANNUAL
THE CUP

Team Name _____

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

Email Address **(REQUIRED)**: _____

DIVISION AND AGE GROUP
(Please check one)

MEN'S OPEN_____ MEN'S OVER 30 _____
MEN's OVER 40 _____ WOMEN'S OPEN_____
WOMEN'S OVER 30_____ COED_____ HIGH SCHOOL BOYS_____

PARTICIPANT WAIVER AND RELEASE:

The Sports Academy, Soccer For Fun, Inc. or anyone affiliated with The Sports Academy, Soccer For Fun, Inc. and/or The Cup 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 below roster 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.

18 PLAYER MAXIMUM ROSTER:

PLAYER	EMAIL	Birth Date	SIGNATURE

Roster is final before first game