

**East Duplin High School
Indoor Soccer Tournament
Beulaville, North Carolina**

Wall Bangin' Bash

Tournament Team Roster

Team Name:	Contact Name, Address, and Phone Number:	Age Bracket: U- _____
Player's Name		Birth Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Medical Waiver Consent

I, the undersigned participant or parent/guardian of the listed player, does hereby grant the staff of EDHS/EDBC, the authority to render judgment concerning medical assistance or hospital care in the event of accident or illness. Additionally, in return for the privilege of playing in the tournament, I hereby hold EDHS/EDBC owners, administrators, club officers, and employees harmless in the event of injury.

Player's Name	Printed Name of Parent/Guardian	Parent/Guardian Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Entry Fee Paid: _____ Date: __/__/__