

## **LOUISVILLE SOCCER CLUB MEMORIAL DAY TOURNAMENT**

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Louisville Soccer Club Memorial Day Soccer Tournament, OSA, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for accepting the registrant in the tournament. I hereby release, discharge, and/or otherwise indemnify the tournament organization, OSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities used in the tournament, against any claim by or on behalf of the registrant as a result of the registrant's participation in the tournament and/or being transported to or from the same.

Player Name (Print)	Parent's Signature	Date

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_