TEAM ROSTER/WAIVER FORM				
TEAM NAME:			LEVEL:	
PLAYER #	PLAYER NAME		PARENT SIGNITURE	BIRTHDATE

TEAM POSITION	COACH/MANAGER NAME	SIGNATURE

I/WE agree to hold the Somerset Youth Civic Center, all representatives, agents, and other appointed officials harmless of any injury that may come from my/our player participation in the Border Battle Invitational. I/WE also agree to hold the SYCC harmless of player personal itemsand/or equipment before, during, and after player participation in the Border Battle Invitational. I/We also understand that there is no insurance coverage provided, and I/We will have USA Hockey insurance provided for all players and coaches. By signing this form I agree to the information above.