

**WAXAHACHIE INVITATIONAL SOCCER TOURNAMENT
TEAM MEDICAL WAIVER**

DEADLINE TO COMPLETE UPLOAD IS MONDAY PRIOR TO THE TOURNAMENT

Please read the instructions below carefully. If you have any questions regarding this document, please call (469) 383-8298 or email admin@waxahachiesoccer.org

All players on your team (including guest players) must have a signed Medical Release Waiver which you will keep with you at all times during the tournament. The Medical Release Waiver is available on the tournament page of our website (waxahachiesoccer.org).

By signing below I agree that I have, in my possession, a signed medical release form for each player on my team (including guest players). I agree to keep these forms with me at all times during the tournament and will show them to any tournament official who requests to see them. Additionally, I will inform the tournament staff if anyone in contact with my team tests positive for Covid within 14 days of the tournament.

*Furthermore, as the representative of my team, I agree that we will abide by all rules of the tournament. As the representative of my team I understand that it is my responsibility to inform all coaches, players and spectators of my team of the rules of the tournament and that the North Texas State Soccer Association has outlined strict consequences if any person of our team (coaches, players and spectators) do not abide by the rules set forth especially concerning 50% playing time for all players (per the rules of NTX) and **respect of the referees**.*

Team Name and Age: _____
(example: Fort Worth Americas 09 Boys)

CHOOSE ONE OF THE FOLLOWING OPTIONS:

I am the head coach or one of the assistant coaches listed on my team roster. I am signing below agreeing to everything in this document.

Signature of Head Coach or Assistant Coach

Date

I am the team manager or another representative NOT listed on my team's roster. I am signing below agreeing to everything in this document and agree to provide the Head Coach with a copy of this document.

Signature of Representative

Date

PRINTED Name of Representative