



11<sup>th</sup> Annual Wartburg College  
 Women's Outdoor Soccer Tournament  
 Saturday April 12<sup>th</sup>, 2014  
 Wartburg College Walston-Hoover Stadium  
 Waverly, IA

Register at [www.wknightsoccer.com](http://www.wknightsoccer.com) or send in this form

School: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Note: A school may enter multiple teams. Please send a separate form for each team.

**NEW:** Athletic trainer will be available throughout the day. Must provide own medical supplies i.e. tape/ prewrap.

**PLEASE RETURN THIS FORM WITH YOUR NON-REFUNDABLE \$175  
 CHECK BY April 3rd TO:**

Wartburg Soccer; c/o Tiffany Pins; 100 Wartburg Blvd.; Waverly, IA 50677

**Roster and Liability form:**

Each player on the roster is to read the following waiver statement and sign next to their name on the roster.

*I understand the Wartburg College does not carry insurance for injuries sustained by participants in this event. Therefore, participant in this event should look into their own health insurance policy for any injuries sustained in connection with or arising out of this event. The absence of health insurance coverage does not make Wartburg College responsible for payment of medical expenses. I agree to assume the full risk of any injuries, including death, damages, or loss regardless of severity. In case of injury, I authorize Wartburg College to secure treatment of any injury sustained and I am responsible for any payment of all and any medical services rendered.*

Team Name: \_\_\_\_\_

	First and Last Name (Please print)	Signature		First and Last Name (Please print)	Signature
1			9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8					

