



12th Annual Wartburg College
Women's Outdoor Soccer Tournament
Saturday April 11th, 2015
Wartburg College Walston-Hoover Stadium
Waverly, IA

Register at 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 1st 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					

