2022 ROSTER VERIZON COPA ALIANZA

ALIANZA DE FUTBOL®

He leído la presente responsiva y entiendo que este torneo / programa no tiene cobertura médica y/o de accidentes y estoy participando en la competencia bajo mi propio riesgo (así como los jugadores de la presente lista y/o miembros del equipo). I have read this waiver and understand that the tournament does not provide any kind of insurance or medical coverage for injuries sustained while playing in this tournament / program and I am participating under my own risk. (as well as the players on this list and /or members of my team)

TEAM NAME:	CATEGORY:	DATE:

#	PLAYER NAME	ADDRES	EMAIL	BIRTHDATE	NAME/SIGNATURE (PARENT OR COACH UNDER 18)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					