

CAM Sports Roster

Calendar Year _____

CAM Sports

DIRECTOR

P.O. Box 1206

SANCTION FORM # _____

Gray, GA 31032

Date _____

478-986-7872

TEAM NAME _____ AGE GROUP _____ CITY/STATE _____

TEAM PLAYERS, MANAGERS AND COACHES MUST READ THE FOLLOWING BEFORE COMPLETING AND SIGNING

Do you have insurance? ___ Yes ___ No NAME OF INSURANCE CARRIER _____ Insurance Certificate Number _____
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In consideration of being permitted to participate in CAM Sports activities, I hereby agree for myself, successor, heirs and assigns. Release and forever discharge CAM Sports, their employees, owners, officers and directors from all claims, actions or judgements I may have or claim to have against CAM Sports for all personal injuries, including death, and damage to property, real or personal, caused by or arising out of my participation in CAM Sports activities. I further agree for myself, successor, heirs and assigns to indemnify and hold CAM Sports harmless from all claims and suits for personal injuries, including death, damage to property caused by my act of omission arising out of participation in CAM Sports, and from all judgements recovered and from all expenses incurred in defending said claims or suits.

I further agree that my photographs, pictures, slides or movies taken by CAM Sports, its employees, officers and directors, in connection with my participation in CAM Sports or any reproduction of the same, as well as my name, may in any manner be used by CAM Sports or by any person, corporation or association authorized by CAM Sports. I am in good health and have no physical condition that would prevent me from participating in CAM Sports events.

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

#	Print or Type Player's Name	Street Address, City State	Zip	Birth Date	(A/C) Home Phone	Parent-Guardian Signature	Relationship
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							

CAM Sports Requirements: Roster must be signed by each parent, guardian, or the player themselves if they are 18 years of age or older. Team rosters must be submitted to the CAM Sports tournament director on site the day of the event, prior to play beginning. TEAM MEMBERS MAY BE ASKED TO PROVIDE A POSITIVE I.D. UPON REQUEST.

TEAM MANAGER'S AFFIDAVIT

I am the manager of the above team and guarantee all of the information supplied above is correct to the best of my knowledge and that all of the players signed the above in their handwriting and they are eligible to compete with my team in CAM Sports events and agree to be bound by the rules and regulations of CAM Sports.

Signature of Team Manager _____

Managers' Name (Print) _____

Home Phone: () _____

Manager's Address (Print) _____

Office Phone: () _____

City _____ State _____ Zip _____

Note: A birth certificate must be available for each participant in a CAM Sports event at the event.