



Indiana Youth Soccer Association Kohl's US Youth Soccer American Cup WAIVER OF LIABILITY/CODE OF CONDUCT/ROSTER FORM

Team Name: _____ Gender: _____
 Club name: _____ Age Division: _____
 Coach's Name: _____ Contact Phone Number: _____
 Manager's Name: _____ Contact Phone Number: _____

	Player's name	Date of birth	Parent/guardian signature
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We, the above signed players and parents, agree to abide by the rules of the IYSA Kohl's American Cup, and agree to hold harmless Monroe County Youth Soccer, Inc. dba Cutters Soccer Club (CSC), its agents, the IYSA Kohl's American Cup Committee, and all Vendors and Sponsors involved with the Kohl's Cup, for any and all injuries resulting from participation in, travel to and from, or while in attendance at the Kohl's Cup. We acknowledge that we have private insurance, and/or coverage through our soccer organization that will provide all necessary medical coverage. Further, the undersigned coach assumes responsibility for the conduct of this team, parents and fans while attending and viewing games, and participating in activities sponsored by CSC. We also understand that conduct at hotels and other venues may be the basis for removal of a player or team from the Tournament. The parents consent to their child being the subject of reasonable photographs taken by or on behalf of CSC at publicly observable games and further consent to the publication of such photographs (without names) in the CSC tournament web page.

Coach Signature: _____ Date: _____

Manager Signature: _____ Date: _____