



# THANKSGIVING TOURNAMENT



## TOURNAMENT ROSTER / WAIVER

TEAM NAME

DIV

### ROSTER PLAYERS

	J #	NAME	LAST NAME	✓	GOALS	DoB	ID#
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

FIRST NAME

LASTNAME

ID #

COACH			
ASSISTENT			
ADMIN			
TEAM PARENT			

Las decisiones disciplinarias o económicas no tienen límite en la sanción.  
Disciplinary or economical sanction decisions are not limited in any manner



[www.LaLigaMX.com](http://www.LaLigaMX.com)

### REFEREE AND GAME TIME

DIV	⌚	DIV	⌚
U18-19	60"	U10	50"
U17-15	60"	U9	50"
U14-13	60"	U8	50"
U12	50"	U7	50"
U11	50"	U6	50"

### CODIGO DE CONDUCTA

#### TARJETA ROJA

#### CODE OF CONDUCT

#### GAME EVICTION

101-ENTRADA  
VIOLENTA/VIOLENT  
ENTRY  
**UN JUEGO / ONE GAME**

102-RECKLESS ENTRY  
/Entrada temeraria  
**UN PARTIDO/ONE GAME**

103-Insulto o lenguaje  
inapropiado / Insult or  
inappropriate language  
**DOS PARTIDOS/ TWO  
GAMES**

104-Insulto o actos violentos  
/ Insult or violent acts  
**UN PARTIDO / ONE GAME**

105-Insultos al cuerpo  
Arbitral / Insults to the  
Referee/s  
**DOS PARTIDOS TWO  
GAMES**

106-Jugada premeditada  
con fuerza desmedida /  
Premeditated play with  
excessive force  
**UN PARTIDO / ONE GAME**

107-Segunda tarjeta  
amarilla / Secod yellow card  
**UN PARTIDO / ONE GAME**

108-Fuerza desmedida /  
Excessive force  
**UN PARTIDO / ONE GAME**

109-Agrecion a un contrario  
/ Adding to an opponent  
**UN PARTIDO/ONE GAME**

E LEIDO Y ENTENDIDO EL REGLAMENTO PARA ESTE TORNEO

RECIVO UNA COPIA DEL REGLAMENTO Y UN ROLL DE LOS JUEGOS DE ESTE TORNEO

YO Y MI GRUPO SOMOS RESPONSABLES DE NUESTROS COMPORTAMIENTO Y DE NUESTROS ACTOS

COACH NAME/ADMIN NAME

DATE

COACH/ADMIN SIGNATURE

## SANTA ANA DEVELOPMENT SOCCER PROGRAM

### WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the, SANTA ANA DEVELOPMENT SOCCER PROGRAM and related events and activities, the undersigned:

I agree that participating, they each will inspect the facilities and equipment to be used and if I believe anything is unsafe, I will immediately advise the supervisor of such condition(s) and refuse to part pate.

I acknowledge and fully understand that each participant will be engaging in activities that will involve risk of serious injury, including permanent disability and death and several social and economic losses which might result no only from their own actions, inactions, or negligence of others, their rules of play or the condition of their premises of any equipment used, further, that there may be other risk and accept personal foreseeable at this time.

I assume all the foregoing risk and accept personal responsibility for the damage such injury, permanent disability or death.

I release, waive discharge and covenant not to sue the, SANTA ANA DEVELOPMENT SOCCER PROGRAM, its affiliated clubs, their respective administrators, directors, agents and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are here in after referred to all the release from demands, loses or damage on account of injury, including death or damage to property caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.

Furthermore, the undersigned understands that the activities organized by, SANTA ANA DEVELOPMENT SOCCER PROGRAM, may be photographed, film, taped or otherwise recorded and/or may be covered by the media, including, but no limited to television broadcast or any network. Should the undersigned's likeness, be photographed, taped or otherwise recorder by the SANTA ANA DEVELOPMENT SOCCER PROGRAM, or the media the undersigned irrevocably consents to the reproduction and use of such photography, tape or other recordings without compensation and hereby assigns any rights the undersigned may have there to.

I/we the parent/guardian a minor authorize at school transferred to verify the date of birth of my child from school records to SANTA ANA DEVELOPMENT SOCCER PROGRAM authorized representative for the limited purpose of, SANTA ANA DEVELOPMENT SOCCER PROGRAM.

THE UNDERSIGNED HAS READ THE WAIVER AND RELEASE; UNDERSTAND THAT THEY HAVE BEEN GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING AND SIGNING IT VOLUNTARILY.

COACH / ADMIN

FIRST NAME \_\_\_\_\_ M (Int) \_\_\_\_\_ LAST NAME \_\_\_\_\_

PHONE (     ) \_\_\_\_\_ - \_\_\_\_\_ MOBILE (     ) \_\_\_\_\_ - \_\_\_\_\_

ST# \_\_\_\_\_ ST NAME \_\_\_\_\_ APT# \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_  
Coach Name/Admin

\_\_\_\_\_  
Coach Name/Admin signature

\_\_\_\_\_  
Date