



ALLEGANY-LIMESTONE WINTER CLASSIC

Roster/Waiver Release Form – One Form Per Team



Team Name: _____ Team Color: _____

8 player MAXIMUM for Saturday games

10 player MAXIMUM for Sunday games

Age Division: _____ 3rd/4th Girls _____ 3rd/4th Boys _____ 5th/6th Girls _____ 5th/6th Boys

_____ 7th/8th Girls _____ 7th/8th Boys _____ 9th/10th Girls _____ 9th/10th Boys

Coach Name(s): _____ Cell #(s): _____

Coach Email(s): _____

RELEASE: By enrolling the below-named child in this tournament, I certify that he/she is of normal health, and capable of safe participation in the tournament. I recognize that there are inherent dangers in sport, and I assume all risks and hazards incidental to this tournament. I authorize medical treatment for this player if he/she becomes injured, unless I am personally present to waive such treatment. I am responsible for any medical bills arising from such treatment. Allegany Soccer, Allegany-Limestone School District and its affiliates cannot accept the responsibility or liability for any injuries sustained during this tournament.

ROSTER	8 player MAXIMUM for Saturday games 10 player MAXIMUM for Sunday games				
Player Name	DOB	Grade	Medical Conditions	Parent Name - Printed	Parent Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Registration Fee:
\$150 Due by 1/14/26
Check - made payable to:
ALCS Sports Boosters

Mail check to:
Angela Honeck
837 Four Mile Road
Allegany, NY 14706

Contacts:
Angela Honeck
Ahoneck7@hotmail.com
Jon Luce
jluce@alcsny.org