

**COALITION OF AFRICAN COMMUNITIES – PHILADELPHIA  
(AFRICOM)  
7<sup>TH</sup> ANNUAL HEALTH FAIR SOCCER TOURNAMENT 2007**

**TEAM REGISTRATION FORM**

Team Name \_\_\_\_\_

Team Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_ Phone(s) \_\_\_\_\_

Coach \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Team Captain \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

NO.	PLAYER NAME	NO.	PLAYER NAME
1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

*Being cognizant of the physical requirement of the game, I represent that my players are able to participate and hereby hold AFRICOM, their officers, directors, members, agents, sponsors, collaborators, heirs and successors harmless for any injuries or medical problems that might befall me. I/we assume the risk of injuries or medical problems, and I release and waive any claim that might be made by me, my players, or heirs upon the aforementioned.*

Team Rep Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_