

**COALITION OF AFRICAN COMMUNITIES – PHILADELPHIA
(AFRICOM)
9TH ANNUAL HEALTH FAIR SOCCER TOURNAMENT 2009**

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 _____