North American Martyrs School

Liability Release to be Signed by Coach

I agree to abide by the above policy, and I absolve North American Martyrs Church and School of any liability related to usage of the soccer field by my team.

_____ _____
Team Coach Printed Name Date

_____
Team Coach Signature
I am a member of NAM parish yes / no (circle one)
My child attends NAM school or parish yes / no (circle one)

Phone number(s)_____

Email _____

Contact information for **Assistant Coach**

_____ _____
Assistant Coach Printed Name Date

I am a member of NAM parish yes / no (circle one)
My child attends NAM school or parish yes / no (circle one)

Phone number(s)_____

Email _____

Sponsoring Organization (e.g., YMCA) _____

Team Name _____

Preferred Practice Day and Time _____
(must be confirmed with the PTO Grounds Coordinator)

For PTO Grounds Coordinator use:
Paid_____
Roster_____
Liability Release (Coach)_____