



P.O Box
850033
Richardson,
Texas

**Champions League
Athletics Sports
Leagues
Release Form**

Check out League
Schedules,
Standings, &
Tournaments
www.clathletics.org

I, _____ am associated with _____ as a Coach/Manager/
(Name, Please Print) (Association if any)

Team representative of the _____
(Team Name)

The parents/guardians/organization listed above agree to release, discharge and/or otherwise indemnify Champions League Athletics, their affiliates and sponsors, their employees, associated personnel and owners of the sports complex or Park against all claims by/or on behalf of the players' participation in sports programs. **I/we are solely responsible for all minors/coaches/spectators and players brought onto the premises in association with the above named team/organization. Minors must be supervised at all times. Champions League Athletics is not responsible for monitoring children brought into the complex or Park.** The league fee must be paid in full prior to the first game. The roster form on the reverse side must be completed and submitted to Champions League Athletics no later than the first game. Any delinquent balance will be turned over to a collection agency and said above coach/team representative will incur an additional 33% charge on the balance to cover legal fees.

I _____ as coach/manager of _____ guarantee payment of
\$ 275.00 to Champions League Athletics. and also agree to absorb the cost of legal fees should collection be necessary.

Signature

Date

All Adult Teams are required to have all players sign below. Youth Teams are not required to sign below but Youth Coaches have to fill above completely.

1.	10.
2.	11.
3.	12.
4.	13.
5.	14.
6.	15.
7.	16.
8.	17.
9.	18.

