

**Elkhart Lake – Glenbuelah 5 V 5 Tournament**

Authorization Form

June Vollrath Park, Elkhart Lake

**Team:** \_\_\_\_\_

**Coach's Name/Phone# (please print):** \_\_\_\_\_

**As coach of the above named team I realize that I am representing each player by signature and hereby release the Elkhart Lake – Glenbuelah Athletic Association, also known as ELGAA, its officers and members from all liability for injury or loss of property incurred by the above listed team/member's while taking part in any aspect of the ELGAA 5V5 Tournament and agree to the participation guidelines, rules and expectations.**

**Coach's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

7/13/10