GAMESHEET

Mail Game sheets to:
C. Hawkins
1512 Robbins St.
Santa Barbara, CA 93101

SBWSO Team Name _____

The undersigned hereby agrees to defend, indemnify, and hold harmless Girsh Park, Santa Barbara City Parks, Santa Barbara School District, U.C. Regents, SBWSO, and their officers, employees, and agents, from and against any and all loss, damage, liability, charges and expenses (including attorney fees) and causes of action of whatsoever character which may arise by reason of participation in any SBWSO league game or be in any way connected therewith. The signing of this form indicates that the undersigned has read, understands, and agrees to play by the Rules and Regulations as stipulated by the SBWSO bylaws. Including, but not limited to, acknowledging that a SBWSO member will not play in SBWSO games if she is beyond the last day of the first trimester of pregnancy. Fighting will not be tolerated and will be punished by suspension or permanent removal from the league. Players must provide their own health/accident insurance.

#	Player Name	Player Signature	Goals	Yellow/Red Cards

Date: _____ Game time: _____ Field: _____
Winning Team: _____ Score:_____ Captain Sign _____
Losing Team: _____ Score: _____ Captain Sign: _____

Referee - Print NAME_____ PAID ☐ NOT Paid ☐ _____

Referee – Print NAME _____PAID ☐ NOT Paid ☐ _____

If the referee(s) were not paid on the field, the team NOT paying must write their team name on the line after the “NOT paid” box above. A $10 fee will be charged to the team as well as the $35 dollars owed to the referee.