

ADULT TEAM ROSTER



TEAM: \_\_\_\_\_ AGE GROUP: \_\_\_\_\_

COACH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_

SESSION: INDOOR OUTDOOR  
Fall Spring  
Winter Summer  
Spring Fall  
Summer

	NAME	ADDRESS	CITY	ZIP	DOB	HOME #	ALT. #
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**SOCCER FIRST, INC., FIELD SPORTS INC., THE GOLF CENTER AT SPORTSOHIO, INC., AND SPORTSOHIO, INC. WAIVER AND RELEASE OF LIABILITY**

I acknowledge and fully understand and recognize I will be engaging in activities at Soccer First, Inc., Field Sports Inc., The Golf Center at SportsOhio, Inc. and/or SportsOhio, Inc. that involve the risk of injury.

In consideration of being allowed to use, and participate in programs at Soccer First, Inc., Field Sports Inc., The Golf Center at SportsOhio, Inc., and/or SportsOhio, Inc., I do knowingly and fully assume such risks, known and unknown, which may result from my actions, the actions of others, including their negligence, and including risks foreseeable and not reasonably foreseeable. On behalf of myself, my heirs, assigns, and next of kin, I hereby release and agree to indemnify Soccer First, Inc., Field Sports Inc., The Golf Center at SportsOhio, Inc., and/or SportsOhio, Inc. their affiliates, administrators, directors, agents, coaches, and their employees, other participants, and sponsor agencies from any and all claims and damages instituting or arising out of my involvement or participation in the programs at Soccer First, Inc., Field Sports Inc., The Golf Center at SportsOhio, Inc., and/or SportsOhio, Inc.

	<b>PLAYER'S NAME</b>	<b>PLAYER'S SIGNATURE</b>	<b>DATE</b>	<b>E-MAIL ADDRESS</b>
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COACH'S CERTIFICATION AND ACCEPTANCE: I hereby certify that all signatures are true and correct.

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

\_\_\_\_\_  
Date