

YOUTH TEAM ROSTER



TEAM: _____ AGE GROUP: _____

COACH: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

HOME #: _____ WORK #: _____

SESSION: INDOOR OUTDOOR
Fall Spring
Winter Summer
Spring Summer
Summer Fall

	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

This is to certify that I, as parent/guardian with legal responsibility for my minor child or ward, acknowledge that my child or ward will be engaged in activities that involve risk of injury at Soccer First, Inc., Field Sports Inc., The Golf Center at SportsOhio, Inc., and/or SportsOhio, Inc., and that I do recognize and assume that risk, whether foreseeable or not reasonably foreseeable, on behalf of my child or ward, and consent on behalf of my child or ward, in connection with participation in activities of recreation and instruction at Soccer First, Inc., Field Sports Inc., The Golf Center at SportsOhio, Inc., and/or SportsOhio, Inc.

On behalf of my child or ward and his/her legal representatives, 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 minor child's or ward's involvement or participation in the programs at Soccer First, Inc., Field

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

Coach's Signature

Date

(PLEASE PRINT)