

OFFICIAL TEAM ROSTER

Team Name : _____



ADULT SOCCER FUTSAL
 FLAG FOOTBALL VOLLEYBALL

DIVISION 1 DIVISION 2

MOPN COPN WOPN

MO30 C30 WO30

YOUTH SOCCER FUTSAL FLAG FOOTBALL

BOYS GIRLS MIXED

U-9 U-10 U-11 U-12

U-13 U-14 U-15 U-16

HIGH SCHOOL DIVISION 1 DIVISION 2

Captain: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone #: () _____

Each player, whose name appears below, acknowledges they are participating in this athletic competition at their own risk and absolve Sports Network and Fitness, Inc., their sponsors, employees and other officials of any liability connected with injuries which may occur during such participation. **THIS IS NOT A WAIVER.** All players are required to submit an additional facility waiver, if they have not already done so. **PLEASE WRITE LEGIBLY!**

#	Name (print)	DOB	Address	city	st	zip	Phone	E-Mail
1								
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I hereby certify that the above roster information is true and all players are aware they are participating in this athletic activity at their own risk.

Coach/Manager: _____ Date: _____