

Waiver of Liability / Responsibility of Conduct / Roster Form

Team Name: _____ Gender: _____
 Club Name: _____ Age Division: _____
 Coach's Name: _____ Phone Number: _____
 Manager's Name: _____ Phone Number: _____

Bring 2 copies of this form to registration

/ Official Use Only /

	Players full Name	Date of Birth	Uniform Number	Full Address	Parent/Guardian Signature	Regular/Guest	Player Card	Medical Release	Picture	Birth Certificate
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										

Full Name

Full Address

Signature

Date

Coach: _____
 Assistant Coach: _____
 Manager: _____

We, the above signed players and parents, agree to abide by the rules of the Center Grove Soccer Club Tournament, and agree to hold harmless the Center Grove Soccer Club, their agents, the Tournament Committee and all Vendors and Sponsors involved with the Center Grove Soccer Club Tournament, for any and all injuries resulting from participation in, travel to and from, or while in attendance at the Center Grove Soccer Club Tournament. We acknowledge that we have private insurance, and/or coverage through our soccer organization that will provide all necessary medical coverage, including (but not limited to) wearing of glasses, goggles, or contact lenses. Further, the undersigned coach assumes responsibility for the conduct of this team, parents and fans while attending and viewing games, and participating in activities sponsored by Center Grove Soccer Club. We also understand that conduct at hotels and other venues may be the basis for removal of a player or team from the Tournament.