**Sportsplex 4v4 Youth Soccer Tournament - Official Roster Form**

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach / Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* In enrolling at Sportsplex Inc, participant understands that he/she attending the programs and using Sportsplex Inc and the facilities does so at his/her own risk. Sportsplex Inc and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises, He/She does hereby fully and forever release discharged hold harmless Sportsplex Inc, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person’s participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by Sportsplex Inc. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at Sportsplex Inc to render a judgement concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize Sportsplex Inc and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.
* **ALL PARENT/GUARDIANS MUST SIGN BELOW BEFORE THEIR FIRST SCHEDULED SPORTSPLEX GAME, ACKNOWLEDGING THAT THEY HAVE READ AND UNDERSTAND THE STATEMENT ABOVE.**

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| **Player Name** | **Date of Birth** | **Parent/Guardian Signature** |
| 1.)  |  |  |
| 2.)  |  |  |
| 3.)  |  |  |
| 4.)  |  |  |
| 5.)  |  |  |
| 6.) |  |  |
| 7.)  |  |  |
| 8.) |  |  |

Coach / Team Contact Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_