



### 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
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 South Central Soccer Club Tournament, and agree to hold harmless the South Central 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 South Central 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 South Central Soccer Club. W also understand that conduct at hotels and other venues may be the basis for removal of a player or team from the Tournament.