100% SOCCER, INC.

SUMMER SOCCERTHON TEAM ROSTER FORM

TEAM NAME: AGE GROUP:

	ADDRESS	CITY	ZIP	PHONE (DAY)	PHONE (EVE)	PHONE (CELL)	E-MAIL ADDRESS
COACH/MANAGER							
ALTERNATE CONTACT							

****PARENTAL CONSENT SIGNATURE BELOW** ACKNOWLEDGES THE FOLLOWING:
MY CHILD IS IN GOOD HEALTH AND HAS MY FULL PERMISSION TO PARTICIPATE IN SOCCER GAMES. HE/SHE HAS HAD NO PREVIOUS ILLNESS OR BODILY INJURY WHICH IS ADVERSE TO PARTICIPATION IN THE SPORT OF SOCCER. I UNDERSTAND THAT SOCCER IS A CONTACT SPORT AND THAT PHYSICAL INJURY MAY OCCUR DURING THE COURSE OF AN EVENT. **MY SIGNATURE BELOW IN THE PARENTAL CONSENT COLUMN** ACKNOWLEDGES MY AGREEMENT TO ALLOW MY CHILD TO BE TREATED, IF NECESSARY, BY A PHYSICIAN AND/OR TRAINER WHILE ATTENDING THE SOCCER EVENT. I HEREBY ACCEPT RESPONSIBILITY FOR ANY AND ALL COSTS RELATED TO MEDICAL AND/OR DENTAL TREATMENT OVER AND ABOVE THE AMOUNTS PROVIDED BY THE MEDICAL EXCESS ACCIDENT AND LIABILITY INSURANCE COVERAGE PROVIDED BY 100% SOCCER, INC. I UNDERSTAND THAT THE MEDICAL AND DENTAL EXCESS ACCIDENT INSURANCE COVERAGE PROVIDED HAS A DEDUCTIBLE, FOR WHICH I AM RESPONSIBLE. I HEREBY AGREE TO HOLD HARMLESS 100% SOCCER, INC. AND ITS REPRESENTATIVES FROM DAMAGES RESULTING FROM LOSS AND/OR INJURY DURING PARTICIPATION. I AGREE TO ALLOW 100% SOCCER, INC. TO USE ANY PHOTOGRAPHS OR VIDEOTAPE TAKEN AT THE EVENT FOR THE PURPOSES OF PUBLICITY.
PARENT/GUARDIAN : PLEASE SIGN BELOW IN PARENTAL CONSENT COLUMN ON LINE NEXT TO PLAYER'S NAME.

	UNIFORM #	PLAYER'S NAME	DATE OF BIRTH	FOR OFFICE USE ONLY	PHONE	PRINTED NAME OF PARENT/GUARDIAN	PARENTAL CONSENT SIGNATURE** (SEE ABOVE)
1							
2							
3							
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AN INCREASED ROSTER FEE OF $15 PER PLAYER WILL BE CHARGED FOR PLAYERS ABOVE THE AGE GROUP ROSTER MAXIMUM AS FOLLOWS:
THROUGH U11 – MAXIMUM ROSTER OF 16 U12 AND UP – MAX ROSTER OF 18

EVENT CODE:	DATE:	COACH'S CERTIFICATION OF PLAYERS' AGES AND ELIGIBILITY: