

## TAYLOR SPORTSPLEX SOCCER LEAGUE TEAM ROSTER

TEAM NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

TEAM CONTACT \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

	FIRST	LAST	D.O.B.	ADDRESS	CITY, ST.	ZIP	PHONE	PARENT'S SIGNATURE
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**Waiver Form**

**REPRESENTATIONS, ACKNOWLEDGEMENTS, AND AGREEMENTS:**

1. I hereby represent and certify that the age of the registrant listed is correct and acknowledge and agree that the registrant is physically fit to engage in both structured and unstructured activities at the Taylor Sportsplex.
2. I acknowledge the inherent risk of serious injury or even death associated with ice skating, ice hockey, inline hockey, soccer and flag football activities and I hereby release, discharge, and agree to indemnify and hold harmless the Taylor Sportsplex, its owners, managers, affiliates, and employees from any and all claims by or on behalf of the registrant arising from the registrant's participation in ice skating, ice hockey, inline hockey, soccer and flag football activities at the Taylor Sportsplex.
3. I hereby represent and certify that the registrant has adequate health insurance to cover any and all injuries occurring as a result of participation in ice skating, ice hockey, inline hockey, soccer and flag football activities at the Taylor Sportsplex and as the parent or legal guardian of the participant, I hereby consent to any and all emergency medical care for participant and agree to pay for same.