

Waiver of Liability/ Responsibility of Conduct/ Roster Form



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

Bring two 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										
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16										
17										
18										

Full Name

Full Address

Signature

Date

Coach: _____

Assistant Coach: _____

Manager: _____

Waiver: By Signing above, I/We hereby waive any and all rights and claims against Midwest Soccer Classic and VCYSA, Inc., its Board of Directors, Commissioners, Chairpersons, Referees, and/or Coaches arising in or out of participation in the Association's Soccer Program. I/We do further agree to hold named blameless for any liability whatsoever arising from injuries suffered by the person registered above while a participant in the program.