



Office Use Only: Team #: Sessions: _____, _____, _____ W I WII SI

Official SOCCER Team Roster

Team Name: _____ **League:** _____

Team Manager: _____ **Phone H)** _____ **W)** _____

Manager's E-mail Address: _____

As a player listed below, I have read and understand and agree to abide by the games rules and facility policies written in the "Official Game Rules and Facility Policies" of Pro~Kix. I also attest that my or my child's birth date is accurate. I realize that I or my child, or any player on my/ my child's team can be removed from participation for inappropriate behavior and any fees paid are non refundable. Furthermore, as the undersigned player/participant/parent/guardian, I understand that I/ my child shall not participate in any activity at Pro~Kix until I or my parent/ guardian have completed the appropriate paperwork for participation, specifically, a Liability and Consent Form signed by myself or by my parent/ guardian if I am under 18 years of age.

First/ last Name	Birth date	Participant or Parent Signature	Office Use Only: Release on File
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

As the adult/ parent/manager/coach, I agree to allow only those players that are listed above to participate for the games during league or tournament play that this roster is to represent. I also attest that all of the information above is accurate. I also recognize that it is my responsibility to make sure EVERY youth or adult participant has a "Release of Liability and Consent for Medical Treatment" on file at Pro~Kix or they cannot play. Furthermore, I attest that every participant MUST meet the age level requirements. I am responsible for the conduct of myself, the participants on this team and the participants parents/ guardians/ I have read and fully understand my responsibility.

X _____
Adult Manager's or Parent Manager's Signature