

THIS PDF Version is for those that DO NOT have Excel. Please whatever spreadsheet program you have and type your player's information into columns. Email that to us and we'll stick the information into Excel and print a roster for your player's parent signature.

Youth Roster/Waiver

Team Name _____

Age Group/Gender _____

Session: WI WII WIII

TEAM ROSTER MUST BE FILLED OUT COMPLETELY AND SUBMITTED PRIOR TO THE START OF EACH SEASON

WAIVER/EXCLUSION CLAUSE (parent please read carefully and acknowledge by signing)

I, the parent/guardian/participant, in registering at Soccer Blast, understand that he/she/I in attending the soccer program and using the facilities does so at his/her/my own risk. Soccer Blast, and its owners, employees and agents, shall not be liable for any damages whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about any programs on the premises. I acknowledge that I am aware of the risks inherent in participating in indoor soccer (both practice and competition); that indoor soccer is a physical sport which can require considerable running, starting, stopping and physical exertion; and could potentially lead to limb injuries; possible permanent disability and death. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I do or does hereby fully and forever release, discharge and hold harmless Soccer Blast, all associated facilities and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any programs or use of its facilities.

In addition, he/she/I agree(s) to follow rules of play and conduct set by Soccer Blast. He/she/I understand(s) that failure to do so may result in suspension from participation. Also, I waive all rights to any photos taken for use in any Soccer Blast publication.

List of rostered players with parent's signature acknowledging Waiver/Exclusion Clause

#	Name	Birthdate	Street Address	City	ST	Zip	Phone	Parent(s) Name	Parent Email	Parent Signature
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My signature above verifies I have read the waiver and understand all rules and waivers.