

Rob Ryerson's Winter Futsal Tournament Championships

Futsal Tournament – Team Roster Form

Team Name: _____ Division: _____
Jersey Color: _____ Alternate Jersey Color: _____
Team Coach/Manager: _____ Cell Phone: _____
E-mail: _____

By signing this waiver, I (Coach/Team Member/Parent), understand that this event may incur danger and I take full responsibility for my actions and physical condition. I agree to waive and release or Ryerson Soccer Network, Inc. its employees, sponsors, and volunteers from any/all claims or liability, loss, cost or expenses (included but not limited to attorney fees, medical and ambulance cost, lost wages) that I may incur while participating in this event.

	Player Name	Jersey #	Date of Birth	Signature (Parent/Initial)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Tournament WAIVER: As a coach/manager of the above noted team, I attest that the information provided is correct and official for all roster players. I understand that a violation of age requirements may constitute forfeiture of any games where an illegal player is used. I understand it is my responsibility to see that each team member understands and abides by the tournament rules and regulations. I hereby affirm each player (or parent) participating has read the personal release statement above and signed his/her name.

Signature of Coach/Team Manager _____ Date _____

Rosters must be turned in at check-in. All information above must be included.