



INDOOR SOCCER ROSTER

Officials Use: Check No _____ Amt: _____ Date Rcvd: _____

Team Name: _____

Age: _____ **Division:** _____ **Boys:** _____ **Girls:** _____

Coach: _____ **Home Phone:** _____

Email: _____ **Cell Phone:** _____

Player Last Name, First Name	Gender (F/ M)	DOB
1.		
2.		
3.		
4.		
5.		
6.		

I certify that I am the Coach of this team and that all information entered on this roster is true to the best of my knowledge. I realize that falsifying any information on this roster shall be grounds for team disqualification. I further agree and certify that I have or will provide a Waiver/Medical Consent form for every player listed on this roster prior to participation.

Coach's Signature: _____ **Date:** _____