

PREMIER CUP 3v3 HOLIDAY Futsal Tournament Team Roster - 2018

FC REVOLUTION Phone: 610-223-0682 Fax: 610-927-6298

Please complete this form and return to the tournament registration table at the Exeter Fieldhouse at/prior to the first scheduled game. Rosters are final once the first game starts.

Team Name: _____

Age Group: _____ Coach Name: _____ Phone: (____) _____

Coach Address: _____

The use of equipment, participating in programs, and playing contact sports such as soccer (futsal) are inherently dangerous. I, the guardian, on behalf of myself and my player (collectively Participants) hereby:

(1) Assume the risk of personal injury, property damage, or other loss (collectively injuries) to the Participant arising from or related to the activities conducted and services provided by FC REVOLUTION SOCCER CLUB, LLC;

(2) Unconditionally waive, release, and discharge FC REVOLUTION SOCCER CLUB, LLC, The EXETER FIELDHOUSE, and their agents, employees, independent contractors, staff members, officers, directors, partners, members (collectively the Released Participants) from all liability, claims, or responsibility for injuries to participant;

(3) Grant permission for Participant to participate in FC REVOLUTION SOCCER CLUB, LLC activities;

(4) Unconditionally release the Released Parties from injury arising from any good faith acts or omissions in emergency situations and

(5) Give permission to the staff to evaluate and treat my child, while participating in FC REVOLUTION SOCCER CLUB, LLC activities.

I agree that FC REVOLUTION SOCCER CLUB, LLC may photograph and/or videotape me and/or my child during my activities and that you retain the right to use these visual images in future literature for FC REVOLUTION SOCCER CLUB, LLC without compensation to me or my child. I further agree that you may use my name, my child's name, or any testimonials made by us without limitation in advertising and promoting FC REVOLUTION SOCCER CLUB, LLC. By signing below, I represent that I am over the age of 18 or a parent/guardian of the minor named participant, and agree that the grant and release contained therein binds me and/or the minor to all its terms.

2018 ROSTER (MAXIMUM of 6)

PLAYER'S NAME	DOB	PHONE #	EMAIL ADDRESS	PARENT SIGNATURE
1.				
2.				
3.				
4.				
5.				
6.				

Team Coach Signature: _____ Date: ____/____/2018