| *ULTIMATE SOCCER Roster Form* | **SPORT** | |
|---|---|---|
| **TEAM** | **League** | **Day Playing** |
| **COACH** | **Day Phone** | **Night Phone** |
| **Address** | | |

| Player Name | Birthdate | Street Address | City & Zip | Phone # | Signature |
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*By signing this I am agreeing that I have made arrangements, through insurance or otherwise, for payment of medical bills which may be incurred if I sustain any injury while playing. Accordingly, I waive all claims against ULTIMATE SOCCER and its staff for reimbursement of medical bills and damages on account of any injury which may occur to me. I agree to pay all fees associated with any league for which I am signing this roster.