

Westminster Soccer Indoor KTI Roster



Team Name (Age group and Gender):	
Coach or Team Contact Name:	
Team Contact Phone #:	
Team Contact Email:	

	Player's Name	Emergency Phone #	Guardian Name	Guardian Signature
Ex.	John Smith	(123)456-7891	Jane Smith	<i>Jane Smith</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

Waiver for Participation:

In consideration of your accepting my (team) or my child's team, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I, my team, or my child's team may have against the Westminster AFC Inc. and its employees, representatives, and successors for any and all injuries suffered by myself, my team, or my child at this activity for which I am registering myself (my team) or my child's team.