Player Roster Form

Team Name:		_ Club Affil	iation:
Age Group:	Girls	Boys	
Coach 1:	Phone:	Emai	l:
Coach 2:			
Manager:	Phone:	Email	l:
Waiver of Liability We, the undersigned representative of the Las Cruces Youth Soccer League to the Kick Off The Night tournament, do a Planning, the Las Cruces Youth Soccer I referees, and/or representatives from a damage to person, property, or econom them in good faith, or out of any failure or other acts of God occur and we will a objection, appeal, or compensation wha above from any and all liability for dire certify that each player on the roster is youth sports. I further certify that by si	the participation accept this team agree to release the very and all liable it interests conto act. We also accept the decisats over. We had to reconseque covered by an aging below I	ng team, to inclum registration and e, indemnify, and nue, officials, admility form any clameted with or orecognize and escous regarding pareby release all antial damages reapproved medical and	de Las Cruces Event Planning and and permit this team's participation in a hold harmless Las Cruces Event ministrators, sponsors, coaches, aim arising out of any injury, or arising out of any action taken by acknowledge that adverse weather playability of the facilities without a persons or entities mentioned esultant from said judgment. We cal insurance plan as required for
information in this invitation and unde			
Player Name	Player	Birth Date	Parent Signature
1	<u> </u>		
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Coach or Manager Signature:			Date: