ROSTER AND ADULT WAIVER FORM

EACH PLAYER MUST READ THIS INFORMATION BEFORE SIGNING ROSTER/ADULT WAIVER FORM

TEAM NAME:	**ADDRESS:**
COACH/CAPTAIN:	**CITY/ZIP:**
EMAIL:	**HOME PHONE:**
	WORK PHONE:
	CELL PHONE:

TO ALL SOCCER PARTICIPANTS: If you intend to continue to play in a sport in which there may be body contact with other players, with equipment on or surrounding the playing field and with a ball moving at high speed with such contact occurring at some times when your attention as directed away from the cause of the contact we ask that you acknowledge that the potential danger exists, that you are engaging in this activity at your own risk and that you will hold Hopkins Road Properties LLC or Syracuse Indoor Sports Center Inc. harmless for any injury sustained in the playing areas that is the result of your participation in this activity.

AS A MEMBER OF **TEAM OF THE** **DIVISION**

Please have your entire team sign this form before you play your first game. Game rosters are frozen after the 3rd game of the season. A player must be at least 18 years of age before signing this form. Otherwise a parent or legal guardian must sign for him/her.

You can't play on two teams in the same division. If you do you run the risk of forfeiting your game.

I have read this adult waiver form carefully. I accept its terms and agree that I am solely responsible for any injury by me while participating in the indoor league or during practice.

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