



Team Roster & Liability Release Form

The Habitat for Soccer & Sports, Inc.
 374 West Street
 Uxbridge, MA 01569
 508-278-9888 fax: 508-278-9111

TEAM NAME: _____ SPORT: _____ Circle One: Adult Youth Circle One: Men Women Coed Age: _____ Division: _____
 SESSION (Circle One): 1 (Fall) 2 (Winter-A) 3 (Winter-B) 4 (Spring) 5 (Summer-A) 6 (Summer-B) 7 (Other): _____ 8 (Tournament): _____
 COACH: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
 ASST COACH: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

I hereby give my permission and approval for myself/child to participate in Uxbridge Sports Ltd. Partnership activities (herein referred to as The Habitat). I assume all risks and hazards incidental to such participation, and hereby release The Habitat, its employees and agents from any and all liability arising from injury or injuries sustained by myself/child while participating in Habitat leagues, tournaments, clinics, camps or other Habitat activities. The Habitat assumes no responsibility for any damage to or loss of any personal or team property.

I hereby authorize the directors and employees of The Habitat to obtain medical care for injuries and illness that might affect myself/child or which might occur during Habitat activities. I further direct all medical or hospital facilities to accept this document as authorization to render emergency care to myself/child should it be deemed medically necessary.

By signing below, I assure that I have read and understand the above stated liability waiver. **Correct ages/birthdates are responsibility of Coach - Roster coach signature verifies this!!!**

#	Shirt #	Last Name-PLAYER	First Name	Signature - PARENT/GUARDIAN	D.O.B.	Address	City	State	Zip	Telephone
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
<i>For insurance purposes, all goalkeeper's names, age, & address must be listed in the spaces below:</i>										
17										
18										
19										

Soccer Roster forms to be approved by: **Habitat Management for Insurance Submission** Coach signataure assures ages/birthdates are correct
 Coach Signature: _____ Date: _____ Habitat Approval: _____ Date: _____