# TEAM ROSTER FOR TEAM SPORTS

**TEAMS MUST SUBMIT THIS COMPLETED FORM TO THE FRONT OFFICE ON THE DATE OF THEIR SECOND GAME**
**FAILURE TO DO SO MAY RESULT IN FORFEITURE OF MATCH**

**TEAM NAME:**_____ **AGE GROUP:**_____**DIVISION: (***circle one)* **Girls Boys Men Women Coed**
**SESSION: (***circle one)* I II III **COACH/CONTACT NAME:**_____ **PHONE:**_____
**ADDRESS:**_____ **CITY:**_____ **ZIP:**_____**EMAIL:**_____

I, the undersigned, acknowledge and agree that attending or participating in sports may be hazardous and may result in injury or illness. I further agree that I assume all risks of injury or illness for myself and anyone who comes with me to the premises incurred or suffered while upon the premises as a result of using the facilities or equipment therein. I understand that participation is voluntary and accepts all risks the participation creates.

I further expressly agree to release The Soccer Stop Sportsplex L.L.C., its owners, employees, agents, successors, assigns, affiliates, and anyone else associated with the Soccer Stop Sportsplex from any and all claims, demands or damages whatsoever, whether developed or underdeveloped, known or unknown, anticipated or unanticipated, have, now or in the future, including, but not limited to any and all claims, demands or damages for negligence, personal injury and/or loss, theft or destruction of personal property. It is my intention that this release be as broad as Michigan law allows releases of this sort to be. I understand that, without this document, the cost of participation would necessarily be greater, and I also acknowledge that I may obtain insurance to protect myself if I so choose.

I further agree to save, hold harmless, and indemnify the Soccer Stop Sportsplex, its owners, employees, agents, successors, assigns, affiliates, and anyone else associated with the Soccer Stop Sportsplex, from any and all claims, demands or damages, including cost, interest and attorneys' fees which they may suffer or incur as a result of any claims by me, anyone who comes with me to the premises, or related entities, and/or as a result of any claims, demands or lawsuits arising out of my actions or those of anyone who comes with me to the premises. I will also follow all facility rules including Covid safety measures.

I HAVE READ THE FOREGOING RELEASE, I FULLY UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

| PLAYER NAME | ADDRESS | CITY/ZIP | PHONE NUMBER | DOB | AGE | PARENT OR PLAYER (OVER 18) SIGNATURE |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**ROSTER IS DUE BY 2nd GAME. NO ADDITIONAL PLAYERS MAY BE ADDED AFTER 3RD GAME.**
TEAMS THAT VIOLATE THIS RULE WILL FORFEIT ALL GAMES INELIGIBLE PLAYER(S) PARTICIPATED IN