



## Arizona Soccer Club Adult League Team Roster

TEAM NAME:		DIVISION REQUESTED: PREMIERE DIVISION 1			DIVISION II <input type="checkbox"/> circle one	
COACH:		HOME PHONE:			CELL PHONE:	
ADDRESS:		CITY:		ZIP:	EMAIL:	
JERSEY COLOR:		ALTERNATE JERSEY:				
PLAYER NAME:	ADDRESS	CITY	ZIP	PHONE	SIGNATURE	
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By signing above, I, the player named above, agree that I will abide by all rules and regulations of Arizona Soccer Club. In consideration of the player's participation in the soccer programs and activities of the Arizona Soccer Club, I, for myself, hereby release and indemnify Arizona Soccer Club and affiliates, the owners and operators of the facilities used for the program from and against all claims, liabilities, damages or causes of action arising with the players participation in Arizona Soccer Club.

I, THE COACH ON BEHALF OF MY TEAM HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE & CORRECT

COACH SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_