



**2008/2009 TEAM ROSTER FORM**

Please complete this form and submit with League registration and fee

<b>TEAM CONTACT</b>	<b>PHONE</b>	
<b>TEAM NAME/DIVISION</b>		

	<b>Player Name- <i>printed</i></b>	<b>DOB</b>	<b>PHONE #</b>	<b>e-mail address</b>	<b>Waiver Signature <i>Parent sig if under 18</i></b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

**Waiver:** By my signature I agree to hold harmless in the event of injury or accident, SMCRC, d/b/a YourSpace and assigns, the organizer of the league, the manufacturer of any and all equipment used in conjunction with this or any other sport in which I am a participant at YourSpace. I further acknowledge that I am aware that this sport is a contact sport and that there is a real chance for injury stemming from play or any event associated with this league and its participants.

By my signature,