

LAST DREAM SOCCER CLUB

OFFICIAL ROSTER FORM

Season: _____

Team Name: _____ Uniform Colors: _____

League's Name _____ Team Manager's Name: _____

Daytime Phone: _____ Evening Phone: _____

I understand that participation can involve many risks and injuries, including, but not limited to, death, serious neck and spinal injuries, and other serious injuries or impairment to the body.

I with this, agree to hold the Last Dream Soccer Club of Royal Palm Beach, its employees, agents, representatives, coaches, and volunteers harmless from all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in activities related to the Last Dream Soccer Club Recreation Programs.

The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees, and all family members. I have read the foregoing and understand and will abide by all the principles and regulations.

#	NAME (PRINT)	DOB	JERSY #	FEE (CHECK/CASH)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
24				