Team Name: _____

TEAM MANAGEMENT

First name	Last name	D.O.B.	Gender	Player Card #	Signature*
Phone:			Email:		

TEAM ROSTER

	First name	Last name	D.O.B.	Gender	Player Card #	Signature*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

* By signing this roster, I hereby agree to waive any and all claims to damages resulting from participation in this event against Chinqually Booters Soccer Club (CBSC) and Thurston County United (TC United), its affiliated clubs, the coaches and officers of CBSC and TC United and its affiliated clubs. I agree not to sue or to bring any type of lawsuit against any persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein and I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions. I hereby affirm that I am eighteen (18) years of age or older and I have read this document and I understand its contents. I understand that I have given up substantial rights by signing this document and I have voluntarily signed it.