

Team Roster / Waiver

Adult Soccer – 2019



Coach's Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____

Coach's Address: _____
Street City Zip

I understand that it is my responsibility to see that each team member understands and abides by the league rules and the player code of conduct. I hereby affirm that each player participating on this team has read the personal release statement below and signed his/her name.

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(Team Name Required Here)

Night of Play

Division

Coach's Signature

**** ALL PLAYERS PLEASE NOTE:** Signature indicates that you have read the information printed below.

PERSONAL RELEASE STATEMENT: I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my actions and physical condition. I agree to release, indemnify and hold Provo City Corporation, its employees, sponsors, and volunteers from any liability, loss, cost or expense (including attorney's fees, medical and ambulance costs) that I may incur while participating in Parks and Recreation Activities. I give permission to use my photograph to publicize Provo City programs and services.

PLAYER'S NAME	TELEPHONE #	EMAIL	ZIP CODE	PLAYER'S SIGNATURE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

(USE OTHER SIDE FOR ADDITIONAL PLAYER'S NAMES)

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PLAYER'S NAME	TELEPHONE #	EMAIL	ZIP CODE	PLAYER'S SIGNATURE
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				

REFUND POLICY: Where registration is done on a team basis, full refunds will be given until the registration deadline. Following the deadline, and before the day that the program begins, 80% of the registration fee will be refunded. (Because of the expense in changing schedules, field assignments, and official's assignments, a 20% penalty will be assessed.) Beginning the day that the program begins, no refunds will be given.