

2025 Fall Adult 6 vs. 6 Soccer League Roster



TEAM NAME: _____ **CAPTAIN:** _____ **Date:** _____
ADDRESS: _____ **CITY:** _____ **ZIP:** _____
CELL #: _____ **EMAIL:** _____ **TEAM COLOR:** _____

Upon acceptance of my entry, I for myself, my heirs and assigns, hereby release the sponsors, city employees and volunteers of the Adult 6v6 Soccer League from any and all liability arising from illness, injury or death I may suffer as a result of my participation in this league. I attest that I am physically fit and have sufficiently trained for this league, and I am aware that my participation could, in some circumstances, result in physical injury. Should officials determine that competition of this league would be injurious to my health, I consent to be removed. I also understand that the entry fee is NONREFUNDABLE.

<u>PLAYER NAME (print)</u>	<u>STREET ADDRESS/CITY & ZIP</u>	<u>EMAIL/Cell</u>	<u>SIGNATURE</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____