

SUMMER SOCCER ROSTER

Team Name: _____ **Age Division:** _____

Coach's Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

E-mail Address: _____

FIRST NAME	LAST NAME	BIRTHDATE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____

I hereby certify that to the best of my knowledge, the information provided on this roster is accurate. All the players listed above have shown proof of age and are eligible to participate in the league we are participating in. All minors have parental consent and they the parents accept all medical liability. All players 18 and older accept all liability. I understand, acknowledge and accept the rules, regulations and policies established by LCS for play at this facility.

Manager/Coach Signature: _____ **Date:** _____