L A K E C O U N T R Y S O C C E R, INC.
2334 East Pythian Drive Springfield, Missouri 65802 Tel: (417)-862-3211 Fax:(417)-862-5223

I N D O O R S O C C E R T E A M R O S T E R

Please circle one Session 1 2 3

TEAM NAME: _____ AGE DIVISION _____

COACH / CAPTAIN'S NAME :_____

ADDRESS: _____

CITY _____ ST _____ ZIP _____

PHONE (Home)_____ Cellular _____

email address: _____

JER #	FIRST NAME	LAST NAME	BIRTH DATE

I hereby certify that to the best of my knowledge, the information provided on this roster is accurate. All players listed above have shown proof of age and are eligible to participate in the league we are participating in, and if minors, have parental consent and they, the parents, accept all medical liability. I further understand, acknowledge and accept the rules, regulations and policies established by LCS, Inc., for play at this facility. I understand that I only have an opportunity to call for a roster check, and if I have questions, that I MUST call for a roster check prior to the commencement of the game regarding an opposing team member(s) eligibility. Failing that, it shall be assumed that both team rosters are in order and all players are considered eligible.

Coach / Captain's Signature _____ Date _____