



# SPENCERPORT Soccer Club

P.O Box 210 Spencerport, NY 1455

## Team Roster/ Waiver

Coach Name: \_\_\_\_\_ Team Name: \_\_\_\_\_  
Coach Signature: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Boys: \_\_\_\_ Girls: \_\_\_\_ Age: \_\_\_\_

	Player Name	Date of Birth	Parent/ Guardian Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Players cannot be on more than one roster in the same age division, unless listed as "keeper only" on the second roster. They may be on a second roster in a higher age group (play up).

Parents: Please read below and sign in table above I hereby acknowledge the risks involved with playing indoor soccer. In the event of injury, I authorize the Spencerport Soccer Club and its agents, in the absence of the parent or coach, to obtain and provide emergency medical care and treatment as deemed necessary by them. I agree to hold harmless the Spencerport Soccer Club and the Spencerport School District for all known and unknown personal injuries. My child is covered by health and accident insurance.

Equipment Requirements: All players must wear shin guards and they must be covered with socks. Games are played on gym floor therefore sneakers or indoor shoes must be worn (NO TURF SHOES or CLEATS ALLOWED). Goalie helmets are optional. All teams should bring two different colored jerseys to avoid color conflicts.