

ROSTER MUST BE FULLY COMPLETED-PLEASE TYPE OR PRINT-PROOF OF AGE REQUIRED AT GAMES

Team Name: _____ Primary Contact: _____
 Type (Boys, Girls, Coed): _____ Address: _____
 Youth Age Division (i.e. U12): _____ City / State / Zip: _____
 Adults Division: _____ Phone Number: _____

In consideration of participation in this tournament, the undersigned persons hereby releases The KC Legends and Soccer Excellence , hosting facilities, their officers, employees, volunteers, officials and agents from any and all claims, liabilities, loss of service and cause of action of any kind for personal injury and property damage arising in any way out of said participation. Further, the undersigned persons agree to abide by all tournament and regional rules and regulations. I understand that pictures taken of players, coaches, parents and spectators may be used in promotional materials for Soccer Excellence either in print or online. By signing my name below, I hereby acknowledge that I have read the above. I understand it and agree to all the terms.

IMPORTANT: ALL PLAYERS UNDER 18 YEARS OLD MUST HAVE A PARENT/GUARDIAN SIGN ROSTER/RELEASE

	Jersey #	Full Name	Phone	Parent /Guardian Signature	Email	D.O.B
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Coach Signature: _____

DUPLICATE AS NEEDED