STEP AHEAD SPORTS
SOCCER CENTER OF EXCELLENCE

TEAM ROSTER / WAIVER

FUTSAL TEAM Name_____

Futsal Season League:_____**Age Group** _____**Gender** _____

PARENT: ***As the below signed, I hereby certify that the information I have provided on this form is complete and accurate to the best of my knowledge. I agree to abide by the terms as set forth herein. I understand that failure to do so may lead to forfeiture of fee, a stoppage of play of games or other legal action. I, the undersigned parent/guardian, acknowledge, agree and understand that:***

1. I voluntarily and of my own free will, elect to have my below-referenced child participate as a member of the team and league indicated herein.
2. I certify that my child is in good health, has no medical or physical condition that would restrict his/her participation in the program, sport or athletic facility.
3. I understand that there are certain risks and hazards involved in participating in athletic activities and sports that may result in injury or death to my child or other players including, but not limited to those hazards associated with weather conditions, playing conditions, equipment, my own actions and the actions of other participants.
4. I understand that the very nature of sports is hazardous and risky, including, but not limited to, the acts of running, jumping, stretching, and collisions with other players and stationary objects, all of which can cause serious injury or death.

Further I, the undersigned parent/guardian, agree that in consideration of the privilege for my child to play as a member of the team designated below and in consideration for permission to play on the indoor facilities:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by my child (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my child's team, and (c) while on or upon the premises of any and all of the fields, indoor facilities arranged for by my child's team or league for practice or play.
2. I release, agree not to sue and agree to hold harmless Step Ahead Sports, or other entity designated below, or their owners, officers, agents, managers, servants, associations, employees, for any claim, damages, costs or cause of action which I have or may in the future have as a result of personal injuries or property damages sustained or incurred by my child from whatever cause including but not limited to the negligence, recklessness, breach of contract or wrongful conduct of the parties hereby released.
3. I hereby authorize Step Ahead Sports or TournaMart and its assigns to utilize any/all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials.
4. By providing my email address below I authorize Step Ahead Sports or TournaMart to email me in future about upcoming soccer/futsal-related events.

PLAYER NAME	PARENT/Guardian SIGNATURE	Date of Birth	EMAIL ADDRESS	TELEPHONE NUMBER

TEAM REPRESENTATIVE:

For the above team, I understand and will abide by the rules and regulations of Step Ahead Sports for use of said facility. I certify and declare that each and every one of the above players/parents has signed or placed his mark on this roster personally and before me.

TEAM REPRESENTATIVE: _____

*Address*_____

*City*_____*Zip*_____

*Telephone*_____

*Email*_____

Team Representative Signature: _____ ***DATE***_____