



# Hott Futsal Club Team Roster



(Incomplete forms will not be accepted.)

Team Name: \_\_\_\_\_ Age Group: \_\_\_\_\_

**GENDER: BOYS / GIRLS / Coed (CIRCLE ONE)**

Coach's Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

### Statement of Informed Consent, Assumption of Risk, and Release

My Team and I agree to participate in the above program knowing that safety precautions will be taken but realize the Hott FC and/or SCPAFCA do not have accident insurance for the participants of this program. I do hereby release and hold harmless the SCPAFCA, Hott FC, and Cumberland Valley Christian School their officials, employees, instructors and volunteers from any and all liabilities arising from any injuries that might occur during the supervised program. I also authorize the SCPAFCA and/or Hott FC to take photographs of me/my child for promotional and/or educational purposes. It is hereby stated and declared by me that the released information stated above is freely, willingly, and voluntarily made.

### Player 1

Name: \_\_\_\_\_ Jersey# \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Signature (Parent if under 18) \_\_\_\_\_

### Player 2

Name: \_\_\_\_\_ Jersey# \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Signature (Parent if under 18) \_\_\_\_\_



# Hott Futsal Club Team Roster

## **Player 3**

Name: \_\_\_\_\_ Jersey# \_\_\_\_\_  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Emergency Contact Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Signature (Parent if under 18) \_\_\_\_\_

## **Player 4**

Name: \_\_\_\_\_ Jersey# \_\_\_\_\_  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Emergency Contact Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Signature (Parent if under 18) \_\_\_\_\_

## **Player 5**

Name: \_\_\_\_\_ Jersey# \_\_\_\_\_  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Emergency Contact Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Signature (Parent if under 18) \_\_\_\_\_

## **Player 6**

Name: \_\_\_\_\_ Jersey# \_\_\_\_\_  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Emergency Contact Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Signature (Parent if under 18) \_\_\_\_\_

## **Player 7**

Name: \_\_\_\_\_ Jersey# \_\_\_\_\_  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Emergency Contact Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Signature (Parent if under 18) \_\_\_\_\_



# Hott Futsal Club Team Roster

## **Player 8**

Name: \_\_\_\_\_ Jersey# \_\_\_\_\_  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Emergency Contact Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Signature (Parent if under 18) \_\_\_\_\_

## **Player 9**

Name: \_\_\_\_\_ Jersey# \_\_\_\_\_  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Emergency Contact Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Signature (Parent if under 18) \_\_\_\_\_

## **Player 10**

Name: \_\_\_\_\_ Jersey# \_\_\_\_\_  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Emergency Contact Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Signature (Parent if under 18) \_\_\_\_\_

## **Player 11**

Name: \_\_\_\_\_ Jersey# \_\_\_\_\_  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Emergency Contact Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Signature (Parent if under 18) \_\_\_\_\_

## **Player 12**

Name: \_\_\_\_\_ Jersey# \_\_\_\_\_  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Emergency Contact Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Signature (Parent if under 18) \_\_\_\_\_