



SOUTH CENTRAL PA FCA FUTSAL 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 South Central Soccer and/or SCPAFCA do not have accident insurance for the participants of this program. I do hereby release and hold harmless the SCPAFCA, South Central Soccer, and Scotland Campus 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 South Central Soccer 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) _____



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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) _____



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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) _____