



The Kansas City Soccer Dome Team Roster and Waiver

Session_____

League_____

Division_____

Name of Team_____

Name of Coach_____ Email of Coach_____

Address Coach_____

Team Manager_____ Email of Manager_____

Address Manager_____

Coach Phone #_____ Manager Phone #_____

Each individual signature hereon acknowledges that although soccer is intended as a non-contact sport, participation in a soccer game may result in collisions with other players on the playing field or its surfaces. Each dues paying member agrees to accept the risk of injury resulting from participation.

Players Name	Signature of Parent/Player	Phone #	Date of Birth
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____

I hereby certify that the above information is true and correct.

Signature of Coach_____

Date_____