



# Team Roster & Release Form

**Club and Team** \_\_\_\_\_ **Year** \_\_\_\_\_ **Gender** **M** **F**

**Coach** \_\_\_\_\_ **Coach Phone** ( ) - \_\_\_\_\_

	<b>Player</b>	<b>Emergency Phone #</b>	<b>Initial</b>
1		( ) -	
2		( ) -	
3		( ) -	
4		( ) -	
5		( ) -	
6		( ) -	
7		( ) -	
8		( ) -	
9		( ) -	
10		( ) -	
11		( ) -	
12		( ) -	
13		( ) -	
14		( ) -	
15		( ) -	
16		( ) -	
17		( ) -	
18		( ) -	

**Team and Player Release Form** - By initialing, I hereby give the above named team/individual permission to attend the SUSA Soccer Program detailed above and to the following terms. I verify to the best of my knowledge that the player/team is physically able to participate in the activities of the clinic. I agree to allow my player to be treated, if necessary, by a physician and/or trainer while attending. I acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonable foreseeable at this time. Assume all the foregoing risks and accept personal responsibility for the damages following such an injury, permanent disability or death. Release, waive, discharge and covenant not to sue the US Amateur Soccer Associations, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable owners and leaders of premises used to conduct the event, all of which are herein after referred to as the "releases", from demands, losses or damages on account of the injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise. I understand that if this application is accepted there will be no refund of my registration fee should I cancel. I waive and forever discharge SUSA Soccer, its staff, officer, agents, representatives, employees and successors from any and all rights, any medical claims or damages to person, property, and/or activities while at camp site. I agree to allow SUSA Soccer to use any photographs or videos taken at camps for purposes of publicity. I have read, understood and agreed with the above.