

ADULT TEAM ROSTER



TEAM: _____ AGE GROUP: _____

COACH: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

INDOOR SESSION **OUTDOOR SESSION**
 Fall, Wntr, Sprng, Sum Sprng, Sum, Fall

	PLAYER'S NAME	STREET ADDRESS	CITY	ZIP	DOB	HOME #	CELL#
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ADULT WAIVER AND RELEASE OF LIABILITY AND ACKNOWLEDGMENT BY PERSONS AGE 18 OR 19 OF THE RECEIPT OF OHIO DEPARTMENT OF HEALTH CONCUSSION INFORMATION SHEET

I acknowledge and fully understand and recognize I will be engaging in activities at Soccer First, Inc., Field Sports, Inc., The Golf Center at SportsOhio, Inc., and/or SportsOhio, Inc. that involve the risk of injury. In consideration of being allowed to use, and participate in programs at Soccer First, Inc., Field Sports, Inc., The Golf Center at SportsOhio, Inc., and/or SportsOhio, Inc. (collectively sometimes herein the "Youth Sports Organizations"), I do knowingly and fully assume such risks, known and unknown, which may result from my actions, the actions of others, including their negligence, and including risks foreseeable and not reasonably foreseeable. On behalf of myself, my heirs, assigns, and next of kin, I hereby release and agree to indemnify the "Youth Sports Organizations", Steele Land Company, their affiliates, administrators, directors, agents, coaches, and their employees, other participants, and sponsor agencies from any and all claims and damages arising out of my involvement or participation in the programs at the "Youth Sports Organizations", whether or not arising as a result of the negligence of the operators of such facilities.

This is to further certify that to the extent I am age 18 or 19 I have received a copy of the Ohio Department of Health Concussion Information Sheet. Any person designated below as the "Coach" further certifies that to the extent any of the players on his/her roster are age 18 or 9 that he/she: (i) either holds a pupil-activity program permit for coaching interscholastic athletics or has successfully completed, with the three previous years, a training program in recognizing the symptoms of concussions and head injuries; (ii) has been informed of the requirements in part (i) above by the Youth Sports Organizations; and (iii) will remove an athlete under his-her supervision if the athlete exhibits signs, symptoms or behavior consistent with having sustained a concussion or head injury.

	COACH/PLAYER'S NAME	COACH/PLAYER'S SIGNATURE	DATE	EMAIL ADDRESS
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