

YOUTH 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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YOUTH WAIVER AND RELEASE OF LIABILITY AND ACKNOWLEDGMENT OF RECEIPT OF OHIO DEPARTMENT OF HEALTH CONCUSSION INFORMATION SHEET

This is to certify that I, as parent/guardian with legal responsibility for my minor child or ward, acknowledge that my child or ward will be engaged in activities that involve risk of injury at Soccer First, Inc., Field Sports, Inc., The Golf Center at SportsOhio, Inc., and/or SportsOhio, Inc., and I do recognize and assume that risk, whether foreseeable or not reasonably foreseeable, on behalf of my child or ward, and consent on behalf of my child or ward, to his/her participation in activities and instruction at Soccer First, Inc., Field Sports, Inc., The Golf Center at SportsOhio, Inc., and/or SportsOhio, Inc. (the "Youth Sports Organizations"). For myself and on behalf of my child or ward and his/her legal representatives, I hereby release and agree to indemnify the Youth Sports Organizations, and 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 minor child's or ward's involvement or participation in the programs at Soccer First, Inc., Field Sports, Inc., The Golf Center at SportsOhio, Inc., and/or SportsOhio, Inc., whether or not arising as a result of the negligence of the operators of such facilities. Furthermore, I hereby acknowledge that I have received and read a copy of the Ohio Department of Health Concussion Information Sheet For Youth Sports Organizations.

This is to further certify that I, as parent/guardian with legal responsibility for my minor child or ward have received a copy of the Ohio Department of Health Concussion Information Sheet. Any person designated below as the "Coach" further certifies that he/she: (i) either holds a pupil-activity program permit for coaching interscholastic athletics or has successfully completed, within the three previous years, a training program in recognizing the symptoms of concussions and head injuries; (ii) has been informed of such requirements by the Youth Sports Organizations; and (iii) will remove an athlete under his/her supervision if the athlete exhibits signs, symptoms or behaviors consistent with having sustained a concussion or head injury.

	COACH/PLAYER'S NAME	COACH/PLAYER'S PARENT OR GUARDIAN SIGNATURE	DATE	EMAIL ADDRESS
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