COUNCIL ROCK UNITED SOCCER ASSOCIATION

Adult 30+ Co-ed League:

TEAM: _____

INSTRUCTIONS

Returning players should verify and/or correct their personal information. Any missing information (including team jersey number) must be filled in. All players must sign the space to the right of their name acknowledging the medical disclaimer and waiver of liability. New players must fill out a league "NEW PLAYER REGISTRATION" form and then add their names to this team roster.

FAILURE TO PROVIDE THE REQUIRED INFORMATION OR SIGN THIS FORM WILL DISQUALIFY A PLAYER FROM PARTICIPATING IN THE LEAGUE.

DECLARATION

I affirm my personal information to be true and correct. Furthermore, I declare that I have a primary medical insurance carrier and will provide proof of same should it be requested. I hereby release, discharge and/or otherwise indemnify CRUSA, its agents and employees, all affiliated organizations, officials, and associated personnel, including the owners of the fields and facilities used for the program; against any claim by or on behalf of myself, as a result of my participation in the CRUSA Adult Soccer League.

ACKNOWLEDGMENT SIGNATURE

Jersey #	PLAYER NAME	DOB	ADDRESS	SIGNATURE

(REVISED: 01/31/00-SBL)