The Central New York Family Sports Centre
Official Team Roster

Team Name:			*Waiver of Liability:* By Signing this roster, I understand I am responsible for providing insurance for my child or myself against personal injury or death while participating in activities at the Central New York Family Sports Centre. I also hold the Central New York Family Sports Centre harmless in the event of injury or death. *Medical Release:* By signing this roster, I authorize the staff of the Central New York Family Sports Centre to release myself or my child into the care of Emergency Services Personnel in the event that myself or my child is injured while participating in an activity at the CNYFSC.
Division:			
Coach			
Coach's Phone and Email:			
Assistant/Manager:			

Player Name	Email Address	City/Zip	Phone	D.O.B.	Player Signature (or Parent of Minor)
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17)					
18)					