Team Roster and Release/Indemnification Form 2010-2011

Session (Please Circle One): I II III IV V VI VII VIII

All Players participating in the MultiPlex located at 18909 South Miles Road, Cleveland, OH are listed below on this " Team Roster and Release/Indemnification Form". If a Player on any team is not listed, then the Player is considered ineligible for play in the complex. All Players in a given league must meet age and other player requirements established by MultiPlex.

I do hereby agree and acknowledge, on behalf of myself, my heirs, executors, administrator, successors and assigns, that I have read the "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("Agreement")" on the back of this roster.

Team Name: _____ **Age Group:** _____

Team Contact: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Day Phone Number: __(_____)_____

Evening Phone Number: __(_____)_____

Cell Phone Number: __(_____)_____

Fax Number: __(_____)_____

Email(s):_____

#	Player's Name	Date of Birth	Street Address	City	State	Zip	Telephone	Signature Of Player, If Minor Parent/Guardian	Date
Coach		N/A							
Coach		N/A							
Coach		N/A							

****Please Read:*** Release and waiver of liability, assumption of risk, and indemnity agreement ("agreement") on reverse side.