GRANTHAM INDOOR
PO Box 739
Grantham, NH 03753
(603) 865-9800
www.granthamindoor.com

Team Roster Form

☐ **Adult** ☐ **Youth**
☐ 1st Session
☐ 2nd Session
☐ Other _____

Team Name _____

Age Group/League _____ *The age cut-off date is August 1st for soccer leagues. (ie. U-10 players must be under 10 years old on August 1st)*

TEAM CONTACT INFORMATION:

Coach _____
Address _____
City/Town _____ State _____ Zip _____
Phone (Day/W) _____ Phone (Eve/H) _____
Email _____

Manager _____
Address _____
City/Town _____ State _____ Zip _____
Phone (Day/W) _____ Phone (Eve/H) _____
Email _____

COACHES' RELEASE:

I release, absolve, indemnify, and hold harmless **Grantham Indoor** and its staff, in the event of injury while participating in the program listed above. I have read and understand the rules and policies of Grantham Indoor and my team and I will abide by them.

_____ _____
Signature Date

TEAM ROSTER:

	Name	Phone
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		

Each player must complete an individual waiver form.

5/7/2008