the sports factory.net

Team Roster Form

Name of Coach:		
Address:		
City:	State:	Zip:
Tel:	Tel2:	

Name of Manager:		
Address:		
City:	State:	Zip:
Tel:	Tel2:	

Team Name:	
Age Group: U-	Boys / Girls

League/Tournament	*Date(s);*	*Age Group: U -*	*B / G*
Rental Information	*Date(s);*		

Liability Waiver

I hereby give consent for my child to participate in The Sports Factory, practice sessions, and/or use of The Sports Factory's facilities for the purpose of training and/or practice, leagues, and tournaments. I assume all risks with regards to participation in the programs and or other activities including rental of the facility for the purpose of practice and/or training, which my child will participate. I release, indemnify and agree to hold harmless The Sports Factory, its directors, officers, coaches, trainers, and volunteers from any lilability that may result from participation and or the use of the facilities at The Sports Factory. By my signature, I attest to the following: That the following information is correct, and in the event of a medical emergency, I authorize The Sports Factory and staff to seek emergency medical care for my child as deemed necessary.

	Player Name	Address	City	State	Zip	Birth Date	Email	Parent Signature
1								
2								
3								
4								
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