Sportsplex of St. Charles 2008 Team Roster and Waiver

Team Name	Division	
Coach/Captain #1 Name	Phone	
Coach/Captain #2 Name	Phone	

Waiver/Release

Your signature, as the Participant or the Parent/Guardian of the player, indicates that you understand the inherent risks and possibilities for injury while competing in this activity and being aware of these, give permission for participation and waive any and all liability, including negligence of Sportsplex St. Charles, or Sportsplex of St. Charles LLC, and all of its representatives

Player Name	Address/City/Zip	Email	Phone	DOB	Participant Signature (Parent if Under 18)