



Session 2: January 5 – February 22, 2015 (7 weeks)

1. The contact person for the team must complete this team roster. Only the team representative will receive information from the Center Circle office regarding competition.

2. Each team member must be listed on this roster and must sign the waiver on the back of this form (or parent/guardian if player is under 15 years of age). ROSTERS WILL BE LOCKED AFTER YOUR TEAM HAS COMPLETED YOUR THIRD GAME. No one may be added to the roster at any time without a signed waiver on the back of this form. Any team who allows someone to play without a signed waiver on the back of this form will forfeit the remainder of their games.

3. Fill out this roster form <u>completely</u>! Incomplete roster forms will be returned and not considered registered. This is your official roster. Please keep a copy for your records. All signatures must be on the same form.

4. The Team Representative is responsible for payment of the team fee of **\$490**. Half of the team fee is due at the time of registration. Full payment is due before the first game. Referee fees (\$10 per team per game) are not included with registration. Teams may register until the registration deadline of December 27, 2014. Registration after the deadline is not guaranteed. All payments are non-refundable.

5. Send completed roster forms and make checks payable to: Salem Community Center. Our office is located at: 1098 N. Ellsworth Ave., Salem, OH 44460

MANDATORY!!!

Team Name (Please Print)

Home Address

E-mail Address U8 U10 A U10 B U12 A U12 U14 High School A High School B Adult Co-ed Adult Men Over 30

Team Representative

	Home and Work Phone Division (Circle One)				
	Player Name (please print neatly)	Home Phone	Date of Birth	Jersey #	Waiver ✓
1.)					
2.)					
3.)					
4.)					
5.)					
6.)					
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17.)					
18.)					
19.)					
20.)					

PROOF OF AGE IS REQUIRED FOR ALL PARTICIPANTS!!!

SALEM COMMUNITY CENTER RELEASE OF LIABILITY AND ASSUMPTION OF RISK MANAGEMENT READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.

3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS THE SALEM COMMUNITY CENTER, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss of damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

	PLAYER NAME (PLEASE PRINT)	SIGNATURE	DATE
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