Norcalathletics Futsal Roster Form

Coach Name	Coach Address	Coach City	State	Zip Code	Cell	E-mail

Player Roster & permission to play form

Player Name	Player Date Of Birth	Player Phone Number	Player E-mail	Parents Signature*

Team Entry's Name	Teams Division Choice	Teams Age Group and Sex	Coaches Signature & Date

*Parents who sign this form have read, agreed and signed the Norcalathletics liability waiver form and agree to let their child play in this event, and accept all the risk of possible injury. You will also agree that you will hold harmless all organizers, workers and volunteers or property owners for any costs incurred due to injury or any other circumstance resulting from your child's or your decision to participate in any way in Norcalathletics events.