

BREAK AWAY SPORTS CENTER, INC.

OUTDOOR

TEAM ROSTER 2011

OFFICIAL SMALL-SIDED

TEAM NAME: _____ MANAGER: _____ PHONE H) _____ W) _____
 ASS'T MANAGER: _____ PHONE H) _____ W) _____

As the manager listed above, and/or player listed below, I have read and understand and agree to abide by the game rules and league policies written in the "Official Game Rules and Facility Policies" of Break Away Sports Center, Inc. I also attest that my age is accurate and with in the rules of eligibility for the league. **I also agree that I or any player or my team can be removed from participation for inappropriate behavior and any fees paid are non refundable.** In addition, I confirm that I have completed the required Consent Waiver to be on file with Break Away Sports Center, Inc. Furthermore, as the undersigned player/participant (the "Participant"), I recognize that outdoor and indoor soccer, is a vigorous sport that involves physical contact and that the Participant may suffer temporary or permanent physical injuries including but not limited to sprains, fractures, eye injuries, brain or spinal damage, paralysis or even death while playing or watching or attending a game. **With full knowledge of the foregoing risks and in consideration of Break Away Sports Center, Inc. accepting the Participant to play in this outdoor league, and in pursuant to the recreational assumption of risk statue, sec. 895.525 Wis. Stats., the Participant & I hereby release, discharge and/or otherwise indemnify Break Away Sports Center, Inc., and its employees, referees, officials, representatives, coaches and managers of my or my opponents team as to any claims and/or causes of action by or on behalf of the Participant and/or his/her family members, including any claims against Break Away Sports Center, Inc. due to Break Away Sports Center's negligence.**

As an adult player, I acknowledge that I have reviewed the Release of Liability Form and had the opportunity to discuss it with Break Away Sports Center, Inc. and my signed release form is on file at Break Away Sports Center, Inc.

This release shall remain in effect for the duration of the 2011 soccer season through August 31, 2011 and shall be interpreted under Wisconsin law.

FIRST/LAST NAME Must Print (illegible names will not be accepted)	BIRTHDATE	PARTICIPANT SIGNATURE	OFFICE USE ONLY RELEASE ON FILE
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As the adult/parent manager/coach, I AGREE TO ALLOW ONLY THOSE PLAYERS THAT ARE LISTED ABOVE TO PARTICIPATE FOR THE GAMES DURING LEAGUE play that this roster is to represent. I also attest that all of the information above is accurate. I also recognize that it is my responsibility to make sure EVERY adult Participant has a "Release of Liability and Consent for Medical Treatment" on file at Break Away Sports Center, Inc. or they can not play. Furthermore, **I ATTEST THAT EVERY PARTICIPANT MUST MEET THE AGE LEVEL REQUIREMENTS. I agree to bring age documentation of every player to every game and provide it if necessary.** Failure to do so may result in player removal from league and/or team forfeit. In addition, I AM RESPONSIBLE FOR THE CONDUCT OF MYSELF, THE PARTICIPANTS AND THE SPECTATORS ON THIS TEAM. **I HAVE READ AND FULLY UNDERSTAND MY RESPONSIBILITIES.**

X _____
 Adult Manager's or Parent Manager's Signature