

Kings Park Soccer Club

Long Island Winter Classic

Roster and Waiver Form

Club Name: _____ Team Name: _____ Division: _____ Session: M A E N

	Name	Home Phone	Cell Phone	E-mail
Coach				
Manager				

Participants agree to allow KPSC to use any photographs or videotape taken at the event to be used for the purposes of publicity.

	Jersey #	Player's Name	DOB	Pass Number (Travel Only)	Proof of Age	Medical Release	Guest
					For Official Use Only		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

Date	Coach's Signature	Club President's Signature

Coach's signature acknowledges that all information on this form is correct.

Club President's signature acknowledges that all players listed are properly registered and insured with the club named above.