



PO Box 739
 Grantham, NH 03753
 (603) 865-9800
 www.granthamindoor.com

Team Roster Form

Team Name _____

Age Group/League _____ *The age cut-off date is August 1st for soccer leagues.
 (ie. U-10 players must be under 10 years old on August 1st)*

Adult Youth

1st Session

2nd Session

Other _____

TEAM CONTACT INFORMATION:

Coach _____

Address _____

City/Town _____ State _____ Zip _____

Phone (Day/W) _____ Phone (Eve/H) _____

Email _____

Manager _____

Address _____

City/Town _____ State _____ Zip _____

Phone (Day/W) _____ Phone (Eve/H) _____

Email _____

TEAM ROSTER:

<u>Name</u>	<u>Phone</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____
8) _____	_____
9) _____	_____
10) _____	_____
11) _____	_____
12) _____	_____
13) _____	_____
14) _____	_____

Each player must complete an individual waiver form.

COACHES' RELEASE:

I release, absolve, indemnify, and hold harmless **Grantham Indoor** and its staff, in the event of injury while participating in the program listed above. I have read and understand the rules and policies of Grantham Indoor and my team and I will abide by them.

Signature _____ Date _____