

JOHNSON COUNTY YOUTH SOCCER CLUB TEAM ROSTER

6501 Antioch Rd, Shawnee Mission KS 66202 (913) 831-3355

CIRCLE ONE

PEE WEE	JCYS	Head Coach:	Asst. Coach:
AGE 4 5 6	GR 1 2 3 4 U11 U12 U13 U14	Address:	Address:
CIRCLE ONE: BOY GIRL		City, State, Zip:	City, State, Zip:
TEAM #		Home #	Home #
TEAM NAME	Wk #	Cell #	Wk # Cell #
UNIFORM COLOR	Email:		Email:

	LAST NAME	FIRST NAME	ADDRESS	CITY	STATE	ZIP	HOME #	WORK #	PARENTS' NAMES	PARENTS' E MAIL	SCHOOL	D O B	AGE
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3													
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WAIVER STATEMENT " The undersigned states that he/she understands that the Johnson County Park and Recreation District is not and shall not be responsible for or liable for any illness, or injury to person or damage to property resulting from the program in which the undersigned is enrolling or being enrolled or from his/her participating in said program, and the participant and the undersigned, if the participant is a minor or under other legal disability, hereby forever releases and holds harmless the said Johnson County Park and Recreation District, it's employees, agents and representatives from any and all claims on any kind that the participant, or the undersigned or their respective heirs, executors, administrators, or assigns may have or claim to have resulting from participation in said program. Also, the undersigned and the participant authorize the Johnson County Park and Recreation District to use at its discretion any photograph(s) (black/white or color) taken of the participant while participating in the program and waive any and all claims that the participant or undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof."

I Have Read & Understand The Waiver Statement; Registration Invalid Without Signature. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Signature of Coach: _____ **Date:** _____