



Official Roster for the Central New York Family Sports Centre

Team:			Waiver of Liability: By Signing this roster, I understand I am responsible for providing insurance for my child or myself against personal injury or death while participating in activities at the Central New York Family Sports Centre. I also hold the Central New York Family Sports Centre harmless in the event of injury or death.			
Division:						
Coach:			Medical Release: By signing this roster, I authorize the staff of the Central New York Family Sports Centre to release my child into the care of Emergency Services			
Coach's Phone & Email						
Assistant/Manager			Personnel in the event my child is injured while participating in an activity at the CNYFSC.			
Player	Email Address	City/Zip	Phone	DOB	Parent Signature	
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
18)						