



Official Roster for the Central New York Family Sports Centre

	Email	Phone	<p><i>Waiver of Liability:</i> 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.</p>
Team:			
Division:			
Coach:			
Assistant/Manager			

			<p><i>Medical Release:</i> By signing this roster, I authorize the staff of the Central New York Family Sports Centre to release my child or myself into the care of Emergency Services Personnel in the event my child or myself is injured while participating in an activity at the CNYFSC.</p>
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Player	Address	Email	Phone	DOB	Player or Parent (if Under 18) Signature
1)					
2)					
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