

# THE SUMMIT TENNIS & ATHLETIC CLUB

## ROSTER AND LIABILITY WAIVER

Team Name: \_\_\_\_\_ Age Group: \_\_\_\_\_ Male or Female: \_\_\_\_\_

Coach: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

In consideration for being permitted to participate in this league, the undersigned persons hereby release The Summit Tennis & Athletic Club/Regency Tennis Club, Inc., their officers, employees, volunteers, officials, and agents from all claims, liabilities, demands, and cause of action of any kind for personal injury, death, and property damage arising in any way in connection with participation in the indoor soccer league. By signing my name below, I acknowledge that I have read the above and agree to all the terms and conditions as stated above intending to be legally bound hereby. (Please have each player's parent or guardian sign below).

PLAYER NAME	DOB	PARENT OR GUARDIAN SIGNATURE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_