



**Fore Kicks League or Tournament
Team Roster Form**



Town/Club:	Date:	Original:	Change:
------------	-------	-----------	---------

Team Name:	Age:	Girls:	Boys:	Shirt Color:
Session: 12 23 4 5 6	Team ID#:	Div:	Section:	

Coach:	Phone:
Address:	City/State/Zip:
Ass't Coach:	Phone
Address	City/State/Zip

	Shirt #	Last Name	First Name	Birth Date	Town/State	Phone
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

Coach Certification, Waiver and Medical Release

I certify that I have read and will comply and insure my team complies with all Fore Kicks' policies, rules, and regulations including Fore Kicks Zero Tolerance Policy, and know the penalties for non-compliance. For youth teams, I also certify that all players and coaches are properly affiliated with the respective state association if applicable. (MYSA, SRI, USLax, USFF etc). My players, (or players guardians) and myself understand the risks involved with physical activity and further agree to indemnify and hold harmless anyone associated with Fore Kicks for any and all liability, medical or dental expenses incurred as a result of participation in Fore Kicks activities or programs, or use of Fore Kicks facilities and hereby acknowledge that Fore Kicks Sports Complex, its staff, referees or representatives, cannot be held responsible for any injury sustained to players or coaches of this team while playing at Fore Kicks. As the coach, I further certify that I have collected signed copies of the Fore Kicks Medical Release & Waiver form for each player listed above on this roster. I agree to carry copies with me at all times whenever my team is playing at Fore Kicks, and to present a signed copy of this waiver form upon request for any player listed on this team roster.

Coach's Signature _____ Date: _____

Norfolk MA,
(508) 384-4433



Marlborough MA.
(508)-624-4433