

**Portland Sports Complex, Inc.
Team Player Roster Waiver Form**

Team Name _____	Session / Year _____	Entered in EZ Facility <input type="checkbox"/>
Sport Type _____	Division / League _____	Manager's Waiver <input type="checkbox"/>
Team Manager's Name _____	Email Address _____	
Manager's Mailing Address _____	City / State _____	Zip _____
Manager's Home Phone _____	Work / Cell Phone _____	Extension _____
Team Colors _____	Shirt _____	Shorts _____
		Socks _____

We accept that the Portland Sports Complex, Inc., is providing this team an opportunity to use an Indoor Athletic Facility. In consideration for the privilege to use this facility **WE HAVE EACH SIGNED OR HAD OUR PARENT/GUARDIAN SIGN AN INDIVIDUAL WAIVER** agreeing to assume all risks and release and hold harmless Portland Sports Complex, Inc., its staff, agents, owners, officers, manufacturers of equipment and materials, property owners, league directors, officials, coaches, team managers, sponsors and any other having an interest in the facility from all liability, negligence, causes of action, claims, demands and damages of every kind which may arise out of our participation in any and all activities at this facility. We agree to play under control and avoid injury to self and other persons while using the facility. This form must be completed and handed in at or before the first scheduled game. Additional team members may be added to this roster through the second game, not to exceed 20 players. **The Team Manager understands and has communicated to each team member that FULL PAYMENT is due on or before the first scheduled game and to be prepared to pay their portion at that time.**

	Print Player Name	Waiver	Contact Phone	Contact Email Address	DOB	SOCCER MAINE ID # (if applicable)	Initials
1		<input type="checkbox"/>					
2		<input type="checkbox"/>					
3		<input type="checkbox"/>					
4		<input type="checkbox"/>					
5		<input type="checkbox"/>					
6		<input type="checkbox"/>					
7		<input type="checkbox"/>					
8		<input type="checkbox"/>					
9		<input type="checkbox"/>					
10		<input type="checkbox"/>					
11		<input type="checkbox"/>					
12		<input type="checkbox"/>					
13		<input type="checkbox"/>					
14		<input type="checkbox"/>					
15		<input type="checkbox"/>					
16		<input type="checkbox"/>					
17		<input type="checkbox"/>					
18		<input type="checkbox"/>					
19		<input type="checkbox"/>					
20		<input type="checkbox"/>					

BY SUBMITTING THIS COMPLETED ROSTER, THE COACH/TEAM MANAGER AGREES TO PROMOTE GOOD SPORTSMANSHIP AT ALL TIMES AND TO COMMUNICATE THE FACILITY POLICIES & GUIDELINES DESCRIBED ON THE PLAYER'S COMMITMENT FORM INCLUDING THE TEAM/INDIVIDUAL PLAYER REFUND AND CANCELLATION POLICY.