

Ready or Not Foundation

5v5 Soccer Shootout

September 15-16, 2018 @ Champion Park

2018 ROSTER

Officials Use: Check No _____ Amt: _____ Date Rcvd: _____

Team Name: _____

Age: _____ Division: _____ Boys: _____ Girls: _____

Coach: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Player Last Name, First Name	Gender (F/ M)	DOB
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

I certify that I am the Coach of this team and that all information entered on this roster is true to the best of my knowledge. I realize that falsifying any information on this roster shall be grounds for team disqualification. I further agree and certify that I have or will provide a Waiver/Medical Consent form for every player listed on this roster prior to participation.

Coach's Signature: _____ Date: _____