

# *Ready or Not Foundation*

## *5v5 Soccer Shootout*

*September 16-17, 2017 @ Champion Park*

### **2017 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:** \_\_\_\_\_