



## TEAM ROSTER FORM

Team Name: \_\_\_\_\_ League Name: \_\_\_\_\_

Manager: \_\_\_\_\_ Coach: \_\_\_\_\_

Coach: \_\_\_\_\_ Coach: \_\_\_\_\_

8U   
 9U   
 10U   
 11U   
 12U   
 13U   
 14U

#	Player Name	Age	DOB	Parent Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

We Above signed, and undersigned hereby state that the players listed on this team roster are voluntary participants in the Future Champions of America Tournaments, of this team, its players, managers, coaches to participate in the said program, I hereby release and forever discharge Future Champions of America, FCA Tournaments, the city of Riverside, officers, directors, employees, volunteers, from any and all liabilities, claims, actions, and possible causes of action whatsoever that may occur to me or my child from every and any loss, or damage, or injury, including death, that may be sustainable by me, or my child's person, or property, while in, at or in route to and away from said program.

Manager Verification: I certify that my roster does not include any assumed names and that all players conform to the eligible rules governing this tournament.

Managers Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Tournament Official: \_\_\_\_\_ Date: \_\_\_\_\_