



Indoor Soccer League Roster - Adult



DeKalb Sports & Recreation Center
 1765 South 4th Street, DeKalb, IL 60115
 Phone: (815)758-7756 www.dekalbparkdistrict.com

Team Name: _____
 Friday or Sunday: _____
 Division: _____

Name of Person Registering Team: _____
 Coach Name: _____ Coach Phone: _____
 Coach Email: _____
 Names of Additional Coaches* _____
 Additional Contact Email(s) _____

*Additional coach names must be added to roster in order to be allowed in the Field House

WAIVER

By signing the roster below, I certify that I am 18 years of age or older. I understand and acknowledge that I may suffer serious Injury including, but not limited to, sprains, fractures, brain damage, paralysis, or even death by participating. I fully understand that neither DeKalb Park District, nor its agents or employees, nor the owners of the facility take any responsibility for injuries sustained within the facility or the area surrounding the facility. I hereby agree to release, indemnify and hold harmless DeKalb Park District, its officers, directors, agents and employees from and against all claims, causes, suits, loss liability, injury or damage to me or my property arising from, because of, or in connection with the participation in DeKalb Park District activities.

Paid	Player Name	Current Hometown	Phone	Birthdate	Player Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					

For Administrative Use Only:

Total Res:	Total NR:	Total Due:	Total Paid:	Date:	Initials:
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