



## Indoor Soccer League Roster -Youth

DeKalb Sports & Recreation Center

1765 South 4<sup>th</sup> Street, DeKalb, IL 60115  
 Phone: (815)758-7756    www.dekalbparkdistrict.com



Team Name:

Age:

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 as parent/legal guardian, I certify that my child has permission to participate in athletic activities with the DeKalb Park District. I understand and acknowledge that my child 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 my child or their property arising from, because of, or in connection with the participation of my child in DeKalb Park District activities. This waiver statement is valid for all rostered players 18 years or older. All participants under 18 must receive a parent/guardian signature on this form.

Paid	Player Name	Current Hometown	Phone	Birthdate	Parent Signature – I have read and understand the above waiver
1.					
2.					
3.					
4.					
5.					
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13.					
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15.					
16.					
17.					
18.					

For Administrative Use Only:

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