

TEAM NAME: _____ SEASON: _____ DIV.: _____

NORTH TEXAS PREMIER SOCCER ASSOCIATION

It is requested that each of the players signing below be allowed to participate as a player with a team operating under the jurisdiction of the NORTH TEXAS PREMIER SOCCER ASSOCIATION for the current soccer season. Each player acknowledges that in consideration of their being allowed to participate, that they will forever hold harmless the said NORTH TEXAS PREMIER SOCCER ASSOCIATION, ITS OFFICERS, DIRECTORS, MEMBERS, COACHES, TEAM CAPTAINS, SPONSORS, REFEREES, THE CITIES, TOWNS AND THEIR PARKS DEPARTMENTS IN WHICH COMPETITION WILL BE PLAYED, from injury or damage which is suffered by such player as a result of their participation in such soccer activity. Each player further acknowledges that an element of risk is associated with the game of soccer, as with any other sport activity, and that they specifically assume such risk. PLAYER ACKNOWLEDGES THAT THEY ARE AWARE THE NORTH TEXAS PREMIER SOCCER ASSOCIATION PROVIDES MINIMAL MEDICAL INSURANCE COVERAGE. Each player certifies that the information shown on the roster is correct.

(A) Please Print Name Here (Last name, First Name)

(B) Please Sign Name Here (Normal Signature)

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