

**St Francis Sports Medline Six a Side Soccer League**  
**Roster and Medical Release**

Team Name \_\_\_\_\_

Team Captain \_\_\_\_\_

Roster:

Name (Please print)

Signature of player or guardian.

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I/We the individual or legal guardian of the player who is listed above on the same line with my signature, do hereby give my/our approval of the players participation in any and all league and association sponsored activities. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless Furman Youth Association, Furman Youth Soccer Club, Greenville County Recreation District, St. Francis Sports Medicine, the organizers, sponsors, supervisors, participants, and persons transporting me/our player to and from activities, any claim arising out of an injury, disease, or death to my/our child. I/We will be responsible for any financial indebtedness to emergency establishments & physicians resulting from treatment of injury. I/We will furnish identification of asked to do so by the league to confirm identity for roster reasons. I/We agree to abide by all rules and regulations of the St. Francis sports Medicine Six a side soccer league and its affiliates.