

**TSFA  
Official Youth Team Roster**

Team Name \_\_\_\_\_ Sanction Card# \_\_\_\_\_  
 Age / Class \_\_\_\_\_ Select \_\_\_\_\_ Rec \_\_\_\_\_ Phone (Home) \_\_\_\_\_  
 Manger's Name \_\_\_\_\_ (Work) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ (Cell) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN'S AGREEMENT / PERMISSION TO PARTICIPATE**

I, parent / guardian, of the below named player, in consideration of permitting said player to participate in the youth program of TSFA, do hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims that might have against TSFA, the local metro and State Associations, its sponsors, their agents or representatives, for any and all injuries or losses sustained, arising or suffered by said player while competing in or in connection with the play of TSFA or it's ancillary events. I hereby contract and agree to hold TSFA harmless and to indemnify TSFA from and on account of any damage suffered or sustained by TSFA by reason of said player being injured. I understand the this includes a release for said player's photo to be used in association with TSFA events.

*Parent's / Guardians signature should be on the same number line as player's name. By signing his roster, parent / guardian agrees to the above statement and verifies that the date of birth is correct*

Print or Type Player's Name	Date of Birth	Parent / Gaurdian Signatuře	Relationship
1			
2			
3			
4			
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**TEAM MANGER AFFIDAVIT**

I, the Coach / Manager of the above team, do hereby state that all of the information above is correct and that this roster does not include any assumed names and that each player conforms to the rules governing TSFA Team Membership. I further agree that each player has full knowledge and has approved of his/her name being placed on the above roster. I agree to accept all terms specified in Condition of Entry

**IMPORTANT:** Each Team Manager shall be responsible for having copies of Birth Certificates / picture ID

Date \_\_\_\_\_ Manager's Signature \_\_\_\_\_

Date \_\_\_\_\_ TSFA Director's Signature \_\_\_\_\_