

CCC TEAM ROSTER – INDOOR SOCCER

rev09-217

DIVISION: _____

TEAM NAME: _____

COACH NAME: _____ COACH PHONE #: _____

COACH EMAIL: _____

ASSISTANT COACH NAME: _____ ASSISTANT COACH PHONE#: _____

ASSISTANT COACH EMAIL: _____

***ALL COACHES MUST BE OVER 21 YEARS OLD and SUBMIT A "COACHES CODE OF CONDUCT"**

***PLAYERS MUST HAVE WAIVER/LIABILITY SIGNES BEFORE ENTERING THE FIELD OF PLAY**

| <u>PLAYERS NAME</u> | <u>DATE of BIRTH</u> | <u>LIABILITY WAVIER</u> | <u>PAID</u> |
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****THIS SECTION IS ONLY FOR THE U8 AND ADULT REC DIVISIONS ****

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