

2024 ADULT SOCCER LEAGUE TEAM ROSTER

NOTICE: 1. Each player must personally print and sign his/her name. 2. Incomplete rosters will not be accepted. In signing this roster, I do hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and injuries or damages arising out of this program. I am fully aware that accidents and injuries may occur during the conduct of this program and do fully agree to absolve the Quincy Park District, elected or appointed officials, from all personal liability as a result of my participation in said program.

INCOMPLETE ROSTERS WILL NOT BE ACCEPTED - ROSTERS ARE DUE September 6, 2024

TEAM NAME: _____

Please Provide the following information: NAME, ADDRESS, CITY/STATE/ZIP, PHONE & SIGNATURE

1.(CAPTAIN) _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____