

ALL AMERICAN INDOOR SPORTS- FULL FIELD YOUTH TEAM ROSTER

Team Name: _____ Team# _____ Team Session: Winter 1, Winter 2, Summer Circle

Manager: _____
 Head Coach: _____
 Manager's or Coach's signature: _____
PLAYER, PARENT &/OR GUARDIAN RELEASE CLAUSE (Read before submitting)

In consideration of participation in and at All American Indoor Sports, Inc. (A.A.I.S.), its playing fields, leagues, camps, tournaments, lock-ins or the renting of any of its facilities, the below listed person(s) hereby release A.A.I.S., its officers, employees, volunteers, officials, and agents from any and all claims, liability, loss of services and causes of any action of kind for personal injury and property damage arising in any way out of said participation. Further, the below listed person(s) agree to abide by and comply with the A.A.I.S. rules and regulations. By submitting my name below, I hereby acknowledge that I have read the above statement, I understand it and agree to all of its terms.

R/W	P	B	OL	PLAYER'S NAME	Customer #	INITIALS
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FOR OFFICIAL USE ONLY

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U19 PREMIER TEAMS ARE ALLOWED TO ROSTER 22 PLAYERS, ONLY 18 ARE ELIGIBLE FOR EACH GAME!	
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