



**ROSTER RELEASE FORM** By executing this document, the Parent or Legal Guardian confirms their agreement to the binding contract above and involvement in the \_\_\_\_\_ on the following date \_\_\_\_\_.

**Team Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Players Roster**

<b>Player</b>	<b>First</b>	<b>Last</b>	<b>Parents Signatures</b>	<b>Jersey #</b>	<b>Birthdate</b>
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					
<b>11</b>					
<b>12</b>					
<b>13</b>					
<b>14</b>					

The Undersigned Head Coach/Team Representative affirms that all player names and ages are true and correct to the best of their knowledge and assumes full and absolute responsibility for the above team members listed on this form. Proof of Team Liability Coverage and copies of player birth Certificates MUST be Present. A player's League age is determined by the actual age of the player as of Jan 1st, \_\_\_\_\_

If unable to provide team insurance then team coach has to register online thru Wallen Complex to sign off waiver and protection under Wallen Complex.

Head Coach/Manager Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail back to Wallen Complex P.O. 12944 Fort Wayne, IN 46866 or email back [wallencomplex@gmail.com](mailto:wallencomplex@gmail.com) attn: Director