| Геат Name:  |               |               |            | Age Group/Division: |                                  |      |
|---|---------------|---------------|------------|---------------------|----------------------------------|------|
| Coordinator: (  |               | Con           | Contact #: |                     | E-mail Address:                  |      |
| MVP Sports Spot policies:<br>1. The person registering the team as coordinator must be 18 years old and responsible for all team fees.<br>2. Schedules are available at the first game for all teams who have paid in full and have submitted this completed roster and waiver form.<br>3. All players must be on the roster in order to play. If a team plays with a non-rostered player, the game will be considered a forfeit.<br>4. Players must be at least 16 years old to play on an adult team.<br>5. A proof of age must be available upon request for all ages. |               |               |            |                     |                                  |      |
|   | Player's Name | Date of Birth | Phone      | E-mail              | Player/Parent/Guardian Signature | Date |
| 1   | 2             |               |            |                     |                                  |      |
| 2   |               |               |            |                     |                                  |      |
| 3   |               |               |            |                     |                                  |      |
| 4   |               |               |            |                     |                                  |      |
| 5   |               |               |            |                     |                                  |      |
| 6   |               |               |            |                     |                                  |      |
| 7   |               |               |            |                     |                                  |      |
| 8   |               |               |            |                     |                                  |      |
| 9   |               |               |            |                     |                                  |      |
| 0   |               |               |            |                     |                                  |      |
| 1   |               |               |            |                     |                                  |      |
| 2   |               |               |            |                     |                                  |      |
| .4  |               |               |            |                     |                                  |      |
| 14  |               |               |            |                     |                                  |      |
| .6  |               |               |            |                     |                                  |      |
| 7   |               |               |            |                     |                                  |      |
|   |               |               |            |                     |                                  |      |

officially or otherwise, from any and all claims, demands, actions, or causes of action on account of my death or on account of any injury to me, which may occur from any cause during such participation and/or use of the Facility. This agreement does not cover claims, demands, actions, or causes of action arising from the willful or wanton negligence of the Facility or the officers, agents, or employees.

I/We have read the above waiver and release and acknowledge that I/we give up substantial rights by signing it and sign it voluntarily.

YOUTH TEAMS: I have also read and understand the details of the attached Parent & Athlete Concussion Information Sheet.

Coordinator's Signature

MVP Sports Spot - 3701 32ND SIREEI, SE - KENTWOOD - P464-1000 - F464-1004 - Einfo@mvpsportschubs.com