

Roster/Waiver/Payment Form

Place Sport Here	Place Team Name Here	Place League Division Here

Player Name	Player/Parent Email	Player/Parent Signature	Player/Parent Cell	Paid
				\$0.00
				\$0.00
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				\$0.00
				\$0.00
			Total	\$0.00

TO ALL SISC PARTICIPANTS: If you intend to continue to play in a sport in which there may be body contact with other players, with equipment on or surrounding the playing field and with a ball moving at high speed with such contact occurring at some times when your attention is directed away from the cause of the contact we ask that you acknowledge that the potential danger exists, that you are engaging in this activity at your own risk and that you will hold Hopkins Road Properties LLC or Syracuse Indoor Sports Center Inc. harmless for any injury sustained in the playing areas that is the result of your participation in this activity. I have read this waiver form carefully. I accept its terms and agree that I am solely responsible for any injury by me while participating in the indoor league or during practice. I am responsible for **FULL** payment upon **FIRST** game!
All participants under the age of 18 MUST have their parents sign this document.

Captain/Team Manager	Captain/Team Manager Email	Captain/Team Manger Signature	Cell Number	Date