 **CENTRAL JERSEY FUTSAL – TEAM ROSTER FORM**

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| --- | --- | --- | --- |
| Club Name |  | Team Name |  |
| Coach Name |  | E-mail |  |
| Manager Name |  | E-mail |  |

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| --- | --- | --- | --- | --- | --- |
| Girls Birth Year |  | Boys Birth Year |  | Manager Contact Phone |  |

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| --- | --- | --- | --- | --- | --- |
| Player Last, First Name | Uniform Number  | D.O.B | Guardian Last, First Name | Contact Phone | E-mail |
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Coach's certification:

All player and guardian information are accurate.

All guardians have completed the online waiver form for all players and are submitted as part of their registration:

<https://waiver.smartwaiver.com/w/5ba3f2bbd7a26/web/>

Signature acknowledging that the coach understands the rules and agrees to abide by them.

Coach Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_