



Piscataway Fall Classic Team Roster

Due September 3rd, 2011

PLEASE TYPE OR PRINT LEGIBLY

Photocopy of Official NJYS or US Club Roster Acceptable

Club and Team Name: _____

Name of Coach: _____

Name of Assistant Coach: _____

Shirt Color: _____ Alternate Color: _____

(Club Use Only)

	Player's Name	Birth Date	Jersey Number	Player Pass		Medical Release	Player Pass
1.	_____	_____	_____	_____		_____	_____
2.	_____	_____	_____	_____		_____	_____
3.	_____	_____	_____	_____		_____	_____
4.	_____	_____	_____	_____		_____	_____
5.	_____	_____	_____	_____		_____	_____
6.	_____	_____	_____	_____		_____	_____
7.	_____	_____	_____	_____		_____	_____
8.	_____	_____	_____	_____		_____	_____
9.	_____	_____	_____	_____		_____	_____
10.	_____	_____	_____	_____		_____	_____
11.	_____	_____	_____	_____		_____	_____
12.	_____	_____	_____	_____		_____	_____
13.	_____	_____	_____	_____		_____	_____
14.	_____	_____	_____	_____		_____	_____
15.	_____	_____	_____	_____		_____	_____
16.	_____	_____	_____	_____		_____	_____
17.	_____	_____	_____	_____		_____	_____
18.	_____	_____	_____	_____		_____	_____

I understand that if my team is not accepted, the entry fee will be returned in full. I further understand that once my team is accepted and later withdraws, the entire fee is forfeited. An 80% refund will be made in the event of Tournament cancellation resulting in no games played by your team. In case of an accident or injury while en-route to or from the Tournament or any games associated activities, or while participating in the tournament, the New Jersey Youth Soccer Association, and the Piscataway Soccer Club will not be held liable. My team meets all requirements outlined for the tournament.

Coach's Signature _____ Date _____