

**Bartlett Youth Soccer**  
**Independent Team Roster**

Team: \_\_\_\_\_ League: \_\_\_\_\_  
 Coach: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Sportsmanship:** I understand that any unsportsmanship-like conduct exhibited from myself, my child, and/or my extended family will result in a disciplinary action up to and including expulsion of the player from the league.

**Insurance:** Individual accident health insurance is not provided by the Bartlett Parks and Recreation Department or the Bartlett Youth Soccer Association. Participants are encouraged to obtain their own insurance coverage prior to and for the duration of the soccer season from their own insurance agent. By applying for this program, the registrant realizes the inherent risks involved and appreciates the nature of risk and will hold Bartlett Parks and Recreation Department and the Bartlett Youth Soccer Association harmless for any damages caused by participants in the program.

**Medical Attention:** I hereby give my permission to the league directors to seek medical attention for my child if the need arises.

Player Name	Birth Month & Year	Parent Name (Print)	Parent Signature
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