



MINIMUM 10 PLAYERS PER TEAM

AGE: 18&UP

REGISTRATION: AUGUST 11, 2025 - SEPTEMBER 12, 2025

INDIVIDUAL REGISTRATION FEE: \$45.00 PER PLAYER

LATE REGISTRATION: SEPTEMBER 15 - SEPTEMBER 19, 2025

LATE INDIVIDUAL REGISTRATION FEE: \$55.00 PER PLAYER.

MANAGERS'S MEETING: 6:30 PM WEDNESDAY, SEPTEMBER 24, 2025

LOCATION: RIVERBEND BALLPARK

GAMES PLAYED AT RIVERBEND BALLPARK

LEAGUE BEGINS: MONDAY, SEPTEMBER 29, 2025 8 GAMES + PLAYOFFS

REQUIREMENTS: AN OFFICIAL TEAM ROSTER WITH SIGNATURES AND A LEAGUE REGISTRATION FORM MUST BE TURNED INTO THE ATHLETIC OFFICE PRIOR TO THE START OF SEASON. NO TEAM WILL BE ALLOWED TO COMPETE IN ANY CITY OF WACO ATHLETIC PROGRAM WITHOUT THE ABOVE INFORMATION ON FILE AND ALL FEES SETTLED.

UPDATES AND LEAGUE INFORMATION CAN BE FOUND AT HTTP://WWW.TEAMSIDELINE.COM/WACO

CITY OF WACO PARKS AND RECREATION ATHLETICS OFFICE 3113 CLAY AVE. WACO, TEXAS 76711
OFFICE HOURS: MONDAY- FRIDAY 8:30 AM- 4:30 PM
OFFICE PHONE: (254) 750-5875
EMAIL: ATHLETICS@WACOTX.GOV
WEBSITE: TEAMSIDELINE.COM/WACO



2025 ADULT FALL SOCCER

TEAM NAME:			
MANAGER:			
ADDRESS:			
CITY:	ZIP CODE:		
HOME PHONE:	CELL PHONE:		
EMAIL:			
ASST. MANAGER: _	PHONE:		
	LEAGUE: - 7 V 7 MEN'S OPEN		
	□ 11 V 11 MEN'S OPEN		
	□ 7 V 7 WOMEN'S OPEN		
	□ 7 V 7 28&OVER WOMEN	'S OPEN	
	- 11 V 11 WOMEN'S ODEN		



2025 FALL ADULT SOCCER 7V7 LEAGUE PARTICIPANT'S RELEASE AND WAIVER OF LIABILITY

Player's Name <u>:</u>	(Please Check One) Men'sWomen'sDate of Birth
Address:	Telephone Numb <u>er:</u>
Email:	Team Name:
	and hold harmless the City of Waco, Texas, its officers and employees, from any and al 5 Fall Adult Soccer League which will be held at various locations in the City of Waco
the City of Waco the right to record performance in the City of Waco Spinformation concerning me in confidence.	
myself, and my heirs, executors an Soccer League, I hereby waive all control Department, and the City of Wacon successors and assigns, from and a expenses, including reasonable att Spring Adult Soccer League, including for property, which I may incur as a any death, personal injuries or loss	ny participation in the City of Waco Spring Adult Soccer League, and on behalf of d administrators, in consideration of my participation in the City of Waco Spring Adult laims against and release and hold harmless the City of Waco Parks and Recreation facilities, and their respective directors, officers, employees, agents, attorneys, against any and all claims, damages, liabilities, causes of action, losses, costs and orneys' fees, arising out of or in connection with my participation in the City of Waco ing without limitation, death, any personal injuries or loss of, damage to or loss of use result of my participation in the City of Waco Spring Adult Soccer League, including sof, damage to or loss of use of property which may be the result of negligence on the Recreation Department. I warrant that I am of legal age and that I have read and fully
TEAM MANAGER'S GUARANTEE	
I depose and say that all of the info of the players signed the roster in t	he Team Manager for the Team named on the team roster, that I am of legal age and the transfer on the team roster is correct to the best of my knowledge and that a their own handwriting and that they are eligible to participate with my team in the City of and agree to be bound by the rules and regulation of the City of Waco Spring Adult
Signed:	
(Participant's Signatu	re)
Date:	
IN CASE OF EMERGENCY, PLEASE N	OTIFY THE FOLLOWING:
Name:	
Relationship:	
Home phone: Busi	
Address:	· ————



Texas Amateur Athletic Federation Official Team Roster Form – ADULT SOCCER

Signature of Region Director or Region Tournament Director (if applicable)	Signature of Region Tournament Direct	Signature of local T.A.A.F. Representative	Business Phone	City Zip
			Home Phone	Manager's Address (Print or type)
	Date	Email address	Signature of Team Manager	Manager's Name (Print or type)
		ge 2 before completing and signing this roster.	manager should read the statement on Pag	*PU=Pickup player TEAM MANAGER'S GUARANTEEach manager should read the statement on Page 2 before completing and signing this roster.
Texas Drivers Lic or Picture ID#	Phone	Bonafide Residence (Street, City, State, Zip))	Player's Signature	Print or Type Player's Name
ame	Team Name	t Division ————————————————————————————————————	Sport statement on Page 2 before completing and	Region City Sport NOTE: 1.) Each player and team manager should read the statement on Page 2 before completing and signing this roster.



PAGE 2

PARTICIPANT'S RELEASE AND WAIVER OF LIABILITY

I ("The Participant"), in consideration of my participation in the Texas Amateur Athletic Federation ("T.A.A.F.") Championship Competition hereby grant to T.A.A.F. the right to record, broadcast and otherwise exploit in any and all media throughout the world my performance in the T.A.A.F. Championship Competition and to use my name, likeness, voice and biographical information concerning me in connection therewith.

I assume all risks associated with my participation in the T.A.A.F. Championship Competition, and on behalf of myself, and my heirs, executors and administrators, in consideration of my participation in the

T.A.A.F. Championship Competition, I hereby waive all claims against and release and hold harmless T.A.A.F., the sponsors of the T.A.A.F. Championship Competition (the "Sponsors"), and the host municipalities ("Hosts"), and their respective directors, officers, employees, agents, attorneys, successors and assigns, from and against any and all claims, damages, liabilities, causes of action, losses, costs and expenses, including reasonable attorneys' fees, arising out of or in connection with my participation in the T.A.A.F. Championship Competition, including without limitation, death, any personal injuries or loss of, damage to or loss of use of property, which I may incur as a result of my participation in the T.A.A.F. Championship Competition, including any death, personal injuries or loss of, damage to or loss of use of property which may be the result of negligence on the part of T.A.A.F., and/or a Sponsor and/or the Hosts. I warrant that I am of legal age and that I have read and fully understand the foregoing terms.

TEAM MANAGER'S GUARANTEE

I represent and warrant that I am the Team Manager for the Team named on Page 1, that I am of legal age and that I depose and say that all of the information supplied on Page 1 is correct to the best of my knowledge and that all of the players signed the roster in their own handwriting and that they are eligible to compete with my team in the T.A.A.F. Championship play and agree to be bound by the rules and regulation of T.A.A.F. as contained in the Cavalcade of Sports.

REQUIRED GUARANTEE FOR CHURCH DIVISION

I represent and warrant that I am familiar with the membership roles of the church which this team represents and that all of the players on this roster (on Page 1) are actively involved in the religious endeavors of the said church and to the best of my knowledge each of the players are eligible to compete in the Church Division of T.A.A.F. championship play according to the rules and regulations of T.A.A.F. as contained in the Cavalcade of Sports.

Date:			
	Certified by Church Representative		
	Title:	Phone: ()	
REQU	JIRED GUARANTEE FOR INDUSTRIAL DIVISIO	ONS	
repres and to T	esent and warrant that I am familiar with the pents and that all of the players on this roster (of the best of my knowledge each of the players of the championship play according to the rulade of Sports.	on Page 1) are full time employees of the said of are eligible to compete in the Industrial Division	company on of
Date:	Certified by Church Representative		
	Title:	Phone: ()	