

MEN'S/WOMEN'S/GOED

12 PLAYER ROSTER (MAX 15)

AGE: 18&UP

REGISTRATION: MARCH 17, 2025 - APRIL 11, 2025

INDIVIDUAL REGISTRATION FEE: \$45.00 PER PLAYER

LATE REGISTRATION: APRIL 14,2025 - APRIL 18, 2025

LATE INDIVIDUAL REGISTRATION FEE: \$55.00 PER PLAYER

MANGERS'S MEETING: 6:00 PM WEDNESDAY, APRIL 23, 2025

LOCATION: HART-PATTERSON TRACK & FIELD COMPLEX (3113 CLAY AVE.)

GAMES PLAYED AT CITY OF WACO ATHLETIC FIELDS

LEAGUE BEGINS: MONDAY, APRIL 28, 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- 4:30PM OFFICE PHONE: (254) 750-5875 EMAIL: ATHLETICS@WACOTX.GOV WEBSITE: TEAMSIDELINE.COM/WACO



2025 ADULT SPRING 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 OPEN	
	□ 7 V 7 COED OPEN	



Region City Sport Sport OTE: 1.) Each player and team manager should read the statement on Page 2 before completing and signing this roster.	City hould read the statement on Page 2 t	Sport Division pefore completing and signing this roster.	Team Name	ame
Print or Type Player's Name	Player's Signature	Bonafide Residence (Street, City, State, Zip))	Phone	Texas Drivers Lic or Picture ID#
2.				
Ψ				
5, 1				
PU=Pickup player FEAM MANAGER'S GUARA	\NTEEach manager should read th	PU=Pickup player TEAM MANAGER'S GUARANTEEach manager should read the statement on Page 2 before completing and signing this roster.	9.	
Manager's Name (Print or type)	Signature of Team Manager	ım Manager Email address	Date	
Manager's Address (Print or type)	Home Phone			
Zip. Zip.	Business Phone	Signature of local T.A.A.F. Representative		Signature of Region Director or Region Tournament Director (if applicable)



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.

Certified by Church Representative	Date:
Title:	Phone:()
REQUIRED GUARANTEE FOR INDUSTRIAL DIVI	SIONS
represents and that all of the players on this ros company and to the best of my knowledge each of	e personnel records of the company which this team ter (on Page 1) are full time employees of the said the players are eligible to compete in the Industrial to the rules and regulations of T.A.A.F. as contained
Certified by Church Representative	Date:
Title:	Phone:()



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

Player's Name <u>: </u>	
Address:	Telephone Numb <u>er:</u>
Email:	Team Name:
· ·	eby release and hold harmless the City of Waco, Texas, its officers and employees, from any and a lith the 2025 Spring Adult Soccer League which will be held at various locations in the City of Wac
I ("The Participant"), in o	onsideration of my participation in the City of Waco Spring Adult Soccer League hereby grant to
performance in the City	ht to record, broadcast and otherwise exploit in any and all media throughout the world my of Waco Spring Adult Soccer League and to use my name, likeness, voice and biographical me in connection therewith.
I assume all risks assoc	ated with my participation in the City of Waco Spring Adult Soccer League, and on behalf of
Soccer League, I hereby Department, and the C successors and assigns expenses, including rea Spring Adult Soccer Lea of property, which I ma any death, personal inju	Recutors and administrators, in consideration of my participation in the City of Waco Spring Adult waive all claims against and release and hold harmless the City of Waco Parks and Recreation ty of Waco facilities, and their respective directors, officers, employees, agents, attorneys, from and against any and all claims, damages, liabilities, causes of action, losses, costs and sonable attorneys' fees, arising out of or in connection with my participation in the City of Waco gue, including without limitation, death, any personal injuries or loss of, damage to or loss of use y incur as a result of my participation in the City of Waco Spring Adult Soccer League, including uries or loss of, damage to or loss of use of property which may be the result of negligence on the Parks and Recreation Department. I warrant that I am of legal age and that I have read and fully ng terms.
TEAM MANAGER'S GUA	RANTEE
I depose and say that a of the players signed th	that I am the Team Manager for the Team named on the team roster, that I am of legal age and I of the information supplied on the team roster is correct to the best of my knowledge and that e roster in their own handwriting and that they are eligible to participate with my team in the City er League and agree to be bound by the rules and regulation of the City of Waco Spring Adult
Signed:	
(Participa	nt's Signature)
Date:	
IN CASE OF EMERGENC	/, PLEASE NOTIFY THE FOLLOWING:
	·
·	Business phone:
Address:	business priorie.
Audi ess.	