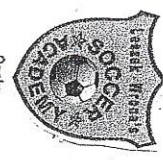


**Player Roster and Waiver Release Form**



**LESZEK WRONA SOCCER ACADEMY**  
 541 NORTH MAIN STREET  
 BRISTOL, CT 06010

Team Name \_\_\_\_\_ Team Colors: Shirts \_\_\_\_\_ Shorts \_\_\_\_\_ Socks \_\_\_\_\_ Alternate Colors \_\_\_\_\_ Date: \_\_\_\_\_

Youth Division:  Boys  Girls  U-19,  U-18,  U-17,  U-16,  U-15,  U-14,  U-13,  U-12,  U-11,  U-10,  U-9,  U-8  
 Adult Division:  Men's  Women's  Coed  A  B  C  D  O-30  Open  
 League Session:  I  II  III  IV  V  VI  
 Tournament Competition:  Thanksgiving  Christmas  Premier  College/Cup  Winter Break  Easter  Other: \_\_\_\_\_  
 League Day:  Su  Mo  Tu  W  Th  F  Sa  S  
 Team Representative \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Competition Date: \_\_\_\_\_  
 Manager/Coach \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Tel. \_\_\_\_\_ Bus Tel. \_\_\_\_\_

In consideration of my receiving admittance to participate at the LWSA in the undersigned, for ourselves and our wards, by signing below agree to the following:  
 1. I agree to abide by all LWSA rules and regulations.  
 2. I understand that exercise has varying effects on individuals and accept that it is my sole responsibility to determine my physical fitness for any activity I undertake.  
 3. I recognize that there are certain risks involved in using the LWSA facilities and assume such risks as a condition of my being permitted to use the facilities.  
 4. I release on the behalf of myself and my heirs, LWSA, their officers, agents, employees and those of associated sponsors  
 harmless from any and all liability including negligence which may result from my use of LWSA or in traveling to or from the facilities.  
 5. I agree to indemnify and hold LWSA, their officers, agents, employees, and those of associated sponsors harmless from any and all liability claims including negligence with respect to third persons and my use of the LWSA facilities.  
 6. I agree to have and maintain medical insurance coverage

	PLAYERS LAST NAME	FIRST NAME	<small>(Over 18) PLAYERS SIGNATURE (Under 18) PARENT/GUARDIAN SIGNATURE</small>	BIRTHDATE MO. DAY YR.	STREET	CITY/STATE	ZIP CODE	PHONE	CISA INS. FEE
1									
2									
3									
4									
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17									
18									

Roster must be completed fully and submitted to LWSA before playing. League and Holiday tournament roster maximum: 16 - Youth, 14 - Adult. College/Cup and Premier tournament maximum: 18.

CISA Insurance Total \$ \_\_\_\_\_