

**CENTRAL TEXAS COLLEGE
INTRAMURAL SPORTS**

**SOCCER LEAGUE ROSTER SHEET
(MAXIMUM OF 12 PLAYERS PER TEAM)**

TEAM NAME: _____

TEAM MANAGER: _____

MANAGER'S PHONE #: _____

| Print Player's Name | | Valid I.D. CTC/TSU-CT | I.D. Checked By |
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In consideration of my entry being accepted, I intend to be legally bound, do hereby for myself, my heir, executors, and administrators, waive, release and discharge any and all rights and claims for damages, which I may have, or which may hereafter accrue to me against Central Texas College, the officials conducting the competition, or any other sponsoring organization, their successors, and representatives for any and all damages which may be sustained or suffered by me in connection with my association with or entry and participation in, or traveling to and from the Central Texas College Intramural Soccer League.