



2010 Indoor Provincials Roster Form

Saskatchewan Soccer Association INC
 1870 Lorne Street – Regina, SK – S4P 2L7
 (p) 306-780-9225 – (f) 306-780-9480
 (e) d.masch@sasksoccer.com Website: www.sasksoccer.com

Team Name: _____ **Age Category:** _____ **District/Club:** _____
Age/Gender

City: _____ **Date:** _____ **Team Colors:** _____
Home Shirt/Shorts Away Shirt/Shorts

AGREEMENT:

I certify that I am an Amateur according to the rules of the C.S.A and hereby agree to abide by the rules & regulations of the provincial and national associations and to play soccer with this club and no other until properly released in accordance with current bylaws. I also agree to fulfill my obligations towards my league in respect to league and play-off games. I hereby, for myself, my heirs, executors, administrators and sponsors waive and release any and all affiliated associations, sponsors, agents or representatives for any and all injuries or losses suffered by me while competing in or in connection with the programs of this association.

Players First Name	Players Last Name	Address, City, Postal Code	Phone	Birth Date	M/F
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17)					
18)					
19)					
20)					

Coaches/Trainer/Manager Info:

Head Coach M/F	HC Certification	Address/City/Postal Code	Email Address	Phone	Signature	Date of CPIC
Assistant Coach M/F	AC Certification	Address/City/Postal Code	Email Address	Phone	Signature	Date of CPIC
Manager M/F	Manager Certification	Address/City/Postal Code	Email Address	Phone	Signature	Date of CPIC
Trainer M/F	Trainer Certification	Address/City/Postal Code	Email Address	Phone	Signature	Date of CPIC

Saskatchewan Soccer Association for approval prior to the competition.

- ORIGINAL:** To accompany traveling team
- 2ND COPY:** Provide to Provincial Representative for your province to submit to the Local Organizing Committee
- 3RD COPY:** Retained by Province - Submit to the Saskatchewan Soccer Association c/o Coordinator of Member Programs
Fax: to (306)-780-9480 or email to d.masch@sasksoccer.com

* By signing below I hereby declare that all of the above players and coaches are registered members of the above named District and that all players listed above are only playing on the above listed team. If a player is later found to be playing or registered on two teams at the same time without the proper transfer papers submitted then the whole team/coach(s)/manager(s)/club/district will have to adhere to a discipline hearing by the SSA where suspensions, fines or consequences will be issued. *

PREPARED BY: _____ **DATE:** _____

COACH'S SIGNATURE: _____ **MANAGER'S SIGNATURE:** _____

DISTRICT SIGNATURE: _____

SSA APPROVED BY: _____ **POSITION:** _____

SIGNATURE: _____