

COLORADO SPRINGS SOCCER CLUB
SEASON_____YEAR_____

Team_____Division_____

Team Representative

Name:_____

Address:_____

City:_____ Zip Code:_____

Phone: (Home)_____ (Work)_____ (Fax)_____

E-Mail Address:_____

Alternate Team Representative

Name:_____

Address:_____

City:_____ Zip Code:_____

Phone: (Home)_____ (Work)_____ (Fax)_____

E-Mail Address:_____

I understand that as team representative, I am responsible for seeing that all members of this team are properly registered and have signed the insurance waiver form.

Signed:_____ Date:_____