



2015/16 Team Roster

Coach: _____ Ast: _____ Ast: _____

- 01) Name: _____ Email: _____ Birthdate: _____
- 02) Name: _____ Email: _____ Birthdate: _____
- 03) Name: _____ Email: _____ Birthdate: _____
- 04) Name: _____ Email: _____ Birthdate: _____
- 05) Name: _____ Email: _____ Birthdate: _____
- 06) Name: _____ Email: _____ Birthdate: _____
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- 15) Name: _____ Email: _____ Birthdate: _____
- 16) Name: _____ Email: _____ Birthdate: _____
- 17) Name: _____ Email: _____ Birthdate: _____
- 18) Name: _____ Email: _____ Birthdate: _____
- 19) Name: _____ Email: _____ Birthdate: _____
- 20) Name: _____ Email: _____ Birthdate: _____

Waiver and Release

As a parent/team representative, I acknowledge that the team/individuals are responsible for their players' physical health and are participating in this program at their own risk. I/we agree to comply with all program regulations and hereby remove the staff and management of Future Stars Southampton LLC, SYS Inc. and the Town of Southampton, from any and all liability for injury or damages incurred while involved in this program. I understand that neither Future Stars Southampton LLC, SYS Inc. and the Town of Southampton will assume responsibility for accidents and/or medical expenses incurred at Future Stars Southampton. In the event of an emergency, I hereby grant Future Stars permission to give whatever immediate treatment is necessary and/or take my self/child to a hospital emergency room. Permission is hereby granted to utilize Future Stars Southampton photos and videos as promotional materials. I have carefully read all of the information and agree to all conditions.

Name: _____ Signature: _____ Date: _____