



Springside Soccer
215 Springside Dr.
Akron, OH 44333
(330) 666-3160

Roster/Waiver

Year:

Division:



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I understand that I will engage in activities presented by Springside Soccer that involves the risk of injury. I knowingly and voluntarily assume all risk and injury or loss to which I (my child) may be exposed, and release Springside Soccer and its employees from all liability to me involving my participation. I hereby certify that I have medical insurance that would fully cover a possible medical emergency arising from my participation in the aforementioned program. Please visit us at www.springsidesoccer.com.

Team Name: _____ Team Manager: _____

	Print Name	Signature	DOB	E-mail	Home #
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