

SPORTING EVENTS ASSOCIATION OF AMERICA, INC.
Official Youth Team Roster

TEAM NAME _____ SANCTION CARD # _____
 AGE/CLASS _____ FP _____ SP _____ PHONE (HOME) _____
 MANAGER'S NAME _____ (WORK) _____
 MAILING ADDRESS _____ (CELL) _____
 CITY _____ STATE _____ ZIP _____ E-MAIL _____

PARENT OR LEGAL GUARDIAN'S AGREEMENT/PERMISSION TO PARTICIPATE

I, parent/guardian, of the below named player, in consideration of permitting said player to participate in the youth program of SEAA, do hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims that I might have against SEAA, the local metro and State Associations, its sponsors, their agents or representatives, for any and all injuries or losses sustained, arising or suffered by said player while competing in or in connection with the play of SEAA or it's ancillary events. I hereby contract and agree to hold SEAA harmless and to indemnify SEAA from and on account of any damage suffered or sustained by SEAA by reason of said player being injured. I understand that this includes a release for said player's photo to be used in association with SEAA events.

Parent's/Guardian signature should be on the same numbered line as player's name. By signing this roster, parent/guardian agrees to the above statement and verifies that the date of birth is correct.

Print or Type Player's Name	Date of Birth	Parent/Guardian Signature	Relationship
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

TEAM MANAGER AFFIDAVIT

I, the Coach/Manager of the above team, do hereby state that all of the information above is correct and that this roster does not include any assumed names and that each player conforms to the rules governing SEAA Team Membership. I further agree that each player has full knowledge and has approved of his/her name being placed on the above roster. I agree to accept all terms specified in Conditions of Entry.

IMPORTANT: Each Team Manager shall be responsible for having copies of Birth Certificates/picture ID

Date _____ Manager's Signature _____

Date _____ SEAA Director's Signature _____