## **QUICKFOOT SOCCER TOURNAMENT**

## **4V4 ROSTER**

Quickfoot Official Roster, this must be turned in PRIOR to first game. Additional players may NOT be added after the first game of the tournament.

Please complete the following and submit on tournament day with proof of Medical Release and proof of North Texas registration or Special Event form when needed.

\*\*Only 1 roster per team\*\*

Tournament	Team name	Division
Contact name	Contact Phone	Alternative Cell#
Player #1 NAME	Player # NAME	2
DOB		
Contact Number		Number
Signature of Parent if under 18	Signatur	e of Parent if under 18
Player #3 NAME	Player # NAME	14
DOB	DOR.	
Contact Number	Contact	Number
Signature of Parent if under 18	Signatur	e of Parent if under 18
Player#5 NAME	Player # NAME	96
DOB	DOB	
Contact Number	Contact	Number
Signature of Parent if under 18	Signatur	e of Parent if under 18
Player #7 NAME	Player # NAME	
DOB	DOB	
Contact Number	Contact	Number
Signature of Parent if under 18	Signatur	e of Parent if under 18

Waiver & Management. By Signing under my childs name or my name if I am under 18 as a Quickfoot Participant, I acknowledge that there are risks connected with the Quickfoot Socre Tournament and its related activities. Said player release Quickfoot, NTSSA, STNSA, STNSA