To: All Coaches

Regarding: CSFL Indoor 2007/2008

Dear Coach,

The following roster containing player names and parent/guardian signatures should be filled out and carried by the coach to all your soccer related events. Please have each player's name printed and the signature in place.

I, the undersigned, give consent for my child to participate in the activities of the Pride Soccer Association. I further agree to hold harmless, indemnify, release and discharge Pride Soccer Association, its directors, officers, agents and employee, for all claims or action due to personal property or personal injury which may result from my child's participation. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected to hospitalize and or seek proper treatment for my child.

Player Parent/Guardian Signature