



HYRA SUMMER CLASSIC ROSTER SHEET 2016



Team Name _____ Division _____

Manager's Name _____ Email _____ Phone Number _____

Asst. Coach's Name _____ Email _____ Phone Number _____

ALL ROSTERED PLAYERS MUST TURN IN A COPY OF THEIR BIRTH CERTIFICATE

	NAME	AGE	DOB	BIRTH CERTIFICATE	
1				YES	NO
2				YES	NO
3				YES	NO
4				YES	NO
5				YES	NO
6				YES	NO
7				YES	NO
8				YES	NO
9				YES	NO
10				YES	NO
11				YES	NO
12				YES	NO
13				YES	NO
14				YES	NO
15				YES	NO

ROSTER MAXIMUM IS 15 - ROSTER MINIMUM IS 10

I, the undersigned, agree to hold harmless and indemnify the Hunter Youth Recreation Association, Township of Franklin, the board members of HYRA and their employees for any and all damages or personal injury claims, including third party claims, as well as all costs, and fees that may be incurred arising out of or as the result of my attendance and participation in this HYRA sponsored event, whether damage or injury is intentional or negligent, direct or indirect. I waive any rights to claims, demands, and causes of action whether present or future, known or unknown, and release from all liability the HYRA, their employees, agents and assigns. I agree to abide by all HYRA tournament rules, regulations and accept all rulings from the Board. By signing this document, I the undersigned, also am aware of all the rules and regulations set forth by the league and understand that failure to comply any rule can result in ejection, suspension, or deferral.

By signing this document, I agree that all of the above information has been filled out accurately and understand that any deceitful, dishonest or false information may cause my team to forfeit a game or tournament.

Manager's Signature _____ Date _____

Asst. Coach's Signature _____ Date _____