Competition Name: _____ ***Qualifier/States and/or Game Day*** **(please check)** ☐ ☐ ☐

DSCA Registration Season Date:

Team Name/Organization Name:_____

Division:_____ TeamColors/Mascot:_____

Coach(es):_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Phone: **(_____)**_____Email Address:_____

Team Roster

PLEASE LIST EACH athlete'S INFORMATION IN ALPHABETICAL ORDER. (Total # of Males:_____Total # of Females:_____)

Name:	Grade/Age:	Crossover:	To Which Team:
1			
2			
3			
4			
5			
6			
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8			
9			
10			
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My signature on this page indicates that I fully understand the nature of the competition being offered, may involve certain risks to my squad members. In light of this I do hereby fully release and discharge DSCA and the DSCA Host/Sponsor's coaching staff and volunteers from any liability for damages occurring as a result of any accident or injury which may occur while participating in this event.

Signature of Coach:_____**.Date:**_____

Signature of Administrator: _____**Date:**_____