



BAPSL TEAM ROSTER

DATES _____ LOCATION Hayward, Ca

TEAM NAME: _____ Age Group Open Men State CA

COACH OR MANAGER SIGNATURE _____

LIST PLAYERS (LASTNAME, FIRST NAME)	Signature	Identification Number /Birth Date	Jersey #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

Official Signature: _____ DATE: _____

I, as a player in the Bay Area Premier Soccer League Cup, understand that I play in this League at my own risk, and that the League does not provide insurance coverage in the event that I become injured as a result of my direct or indirect participation in the League. I hold the League, the Ambassadors, Chabot College and its officials harmless in the event of such occurrence

