



9v9 OFFICIAL TEAM Roster: The required parental signature grants permission to participate in the Cardinal 9v9 Soccer Program and acknowledges an agreement not to hold CCBC Catonsville, its employees, officials, and agents liable for any injuries or damages resulting from participation in said program. It also indicates understanding of the refund policy stated below.

REFUND POLICY: 20% of the fee represents a non-refundable application fee. 60% will be refunded up to the first two days of the program. No refunds after the first two days of the program. No refunds will be issued due to inclement weather cancellations that cause a reduction in the length of the program. Requests must be written and mailed to CCBC Catonsville ATTN: Athletics, 800 S. Rolling Road, Catonsville MD, 21228. Refund requests may be faxed to 410-455-4998. Processing time is two weeks from receipt of request. The date used to determine refunds will be the postmark.

TEAM NAME: _____ (circle one) BOYS / GIRLS

Phone: _____

ADULT CONTACT: _____ Email: _____

Player Name (print)	Current Grade	D. O. B.	Phone	Parent Signature
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____
14	_____	_____	_____	_____
15	_____	_____	_____	_____

Download additional rosters forms from: www.cbcmd.edu/athletics/cat/winsocleague9v9.html