CCBC Catonsville 7v7 OFFICIAL TEAM ROSTER: The required parental signature grants permission to participate in the Seven Aside 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.

The required participant signature verifies that the individual playing in the 7v7 league understands and agrees to abide by all 7v7 League playing rules. For a complete copy of the 7v7 league rules visit www.ccbcmd.edu/athletics/cat/soccer7v7.html. A hard copy will be distributed to your team manager.

REFUND POLICY: 20% of the team 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 443-840-4998. 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
ADULT CONTACT: _____ Phone:_____
Email: _____

Roster must be on-file with the league. Turn in to the League Director at the field.

Player Name (print)	High School	D. O. B.	Phone	Participant Signature	Parent Signature

Download additional rosters and individual player permission forms from: www.ccbcmd.edu/athletics/cat/soccer7v7.html