



**America's Cup Series: Futsal Cup**  
Official Team Roster

Club & Team Name: \_\_\_\_\_

Age | \_\_\_\_\_

Gender: \_\_\_\_\_

	Player Name (Last, First)	Roster #		Medical Form		Proof of Birth		Release of Liability
1.	_____	_____		_____	_____	_____	_____	_____
2.	_____	_____		_____	_____	_____	_____	_____
3.	_____	_____		_____	_____	_____	_____	_____
4.	_____	_____		_____	_____	_____	_____	_____
5.	_____	_____		_____	_____	_____	_____	_____
6.	_____	_____		_____	_____	_____	_____	_____
7.	_____	_____		_____	_____	_____	_____	_____
8.	_____	_____		_____	_____	_____	_____	_____
9.	_____	_____		_____	_____	_____	_____	_____
10.	_____	_____		_____	_____	_____	_____	_____
11.	_____	_____		_____	_____	_____	_____	_____
12.	_____	_____		_____	_____	_____	_____	_____

\*max roster is 12

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Team Contact (Print Name) \_\_\_\_\_ Team Contact (Signature) \_\_\_\_\_

Team Contact Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Team Contact E-mail \_\_\_\_\_

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*Tournament Staff*

**Approved: YES | NO**