



Team Info Roster

Team Name: _____

Club: _____ Age Division _____ Boy ___ Girl ___ Season: _____

Coach _____ DOB ___/___/___ Tel: _____ Email: _____

Address _____ City _____ State: _____ Zip: _____

Coach _____ DOB ___/___/___ Tel: _____ Email: _____

Address _____ City _____ State: _____ Zip: _____

#	Player's Name	Date Of Birth	Address (City, State, & Zip)
1		___/___/___	
2		___/___/___	
3		___/___/___	
4		___/___/___	
5		___/___/___	
6		___/___/___	
7		___/___/___	
8		___/___/___	
9		___/___/___	
10		___/___/___	

****EACH PLAYERS MUST SIGN AN ATHLETIC WAIVER AND REALESE OF LIABILITY FORM and it must be submit with the team's registration package.****

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