



TEAM INSURANCE / PLAYER ROSTER

New Hampshire Soccer Association

LEAGUE NAME: _____ SEASON: _____

TEAM NAME: _____ DIVISION: _____

COACH: _____ SOCIAL SECURITY NO. _____ TELEPHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ Licensed: Yes/No () Level ()

MANAGER/ASS'T. COACH: _____ SOCIAL SECURITY NO. _____ TELEPHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ Licensed: Yes/No () Level ()

COLORS: Jersey _____ Shorts: _____ Socks: _____ Alternate Jersey: _____

List names in alphabetical order. Changes require either a markup of this form or player forms be submitted.

New Submission
 Change

Player Name	Jersey #	Address	City	State	Zip Code	Social Security #	Birthdate
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

This form must be on file with the NHSA Registrar 5 days prior to the start of practice or games to be covered by Insurance.

DATE: _____ COACH OR MANAGER SIGNATURE: _____