



California Odyssey Development League: Team Application

TEAM NAME AGE/DIVISION/GENDER _____
 COACH'S NAME & EMAIL _____
 TELEPHONE _____
 ADDRESS _____ CITY/STATE/ZIP _____
 ASSISTANT COACH OR MANAGER'S NAME & EMAIL _____

Both Coach and Manager's (if you have one) email addresses are required.

TEAM ROSTER

Name of Player	Birth Date
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.

This is to acknowledge that the Coach is responsible for the conduct of his/her players. Certified rosters or player passes and medical release forms will be required of all players. Final registration and roster changes must be made prior to the team's first game.

WAIVER OF LIABILITY:

EACH TEAM ACKNOWLEDGES THAT SOCCER IS A CONTACT SPORT AND THEY ARE PARTICIPATING IN THIS LEAGUE AT THEIR OWN RISK. EACH TEAM AGREES THAT THE CODL AND THE CLOVIS UNIFIED SCHOOL DISTRICT CANNOT ACCEPT THE RESPONSIBILITY OR LIABILITY FOR ANY INJURIES SUSTAINED DURING THIS LEAGUE. EACH TEAM WILL BE RESPONSIBLE FOR THEIR OWN COACHES AND PLAYERS, AND ANY INJURIES THAT MAY OCCUR.

COACH'S SIGNATURE	DATE

Fee: \$45.00 per player. Please mail or bring your payment into the Odyssey office.

Please make checks payable to:
 CODL
 880 Herndon Ave., #102
 Clovis, CA 93612
 559-324-9422

Checks must be received within 5 days of application.