



YOUTH TEAM ROSTER

PRINT CLEARLY
 COMPLETE ALL INFORMATION
 RETAIN COPY FOR YOUR RECORDS

TEAM INFORMATION

SEASON / YEAR _____

SPORT _____

AGE GROUP _____

SPONSORING ORGANIZATION _____ TEAM NAME _____

HEAD COACH INFORMATION

This information is on Department's website.

COACHES CERTIFICATION # _____ BACKGROUND DATE _____

FULL LAST NAME _____ FULL FIRST NAME _____ FULL MIDDLE NAME _____ NICK NAME _____

FULL STREET ADDRESS _____ CITY _____ STATE / ZIP CODE _____

DAYTIME TELEPHONE _____ EVENING TELEPHONE _____ CELL PHONE _____ EMAIL ADDRESS _____

As Head Coach: I accept responsibility for the eligibility of each player listed on this roster.
 I have obtained a signed Player Contract for each player listed on this roster.
 I have signed and submitted a Coaches Pledge.

| OFFICIAL USE | |
|--------------|-------|
| DATE | _____ |
| STAFF | _____ |

HEAD COACH'S SIGNATURE _____ DATE _____

TEAM ROSTER (Team Rosters, Player Contracts and/or Player Add/Drop Slips will not be accepted after filing deadline.)

| | PLAYERS LAST NAME | PLAYERS FIRST NAME | DATE OF BIRTH | HOME PHONE | SCHOOL |
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