



# YOUTH FOOTBALL TEAM ROSTER

**PLEASE PRINT CLEARLY**  
**COMPLETE ALL REQUIRED INFORMATION**

SPONSORING ORGANIZATION / TEAM	COACHES DAYTIME TELEPHONE NUMBER	
HEAD COACH'S FULL FIRST NAME	HEAD COACH'S FULL MIDDLE NAME	HEAD COACH'S FULL LAST NAME

*I hereby acknowledge receipt of the Department of Recreation and Parks' Organized Sports Manual and agree to abide by the policies and provisions therein contained.*  
*Participation on the team is voluntary and Anne Arundel County, its employees, and agents assume no responsibility for any injuries sustained by myself or others.*  
*All assistants coaches are listed on the reverse side of this Team Roster. Only these individuals and no others will be given authority and responsibility to instruct the team.*  
*I hereby assume the responsibility for the eligibility of all players listed on my Team Roster. I have checked birth certificates, had each player sign a player contract and secured the necessary releases forms where needed.*

HEAD COACH'S SIGNATURE	CERTIFICATION NO.	DATE
WEIGHT CLASS	<input type="checkbox"/> 70lb <input type="checkbox"/> 80lb <input type="checkbox"/> 90lb <input type="checkbox"/> 100lb <input type="checkbox"/> 110lb <input type="checkbox"/> 125lb <input type="checkbox"/> 140lb <input type="checkbox"/> 11u <input type="checkbox"/> 12u <input type="checkbox"/> 13u <input type="checkbox"/> Fresh/Soph	

	Last Name	First Name	Telephone Number	Jersey #	Date of Birth	School
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ROSTER APPROVED BY:

PRINTED FULL NAME	TITLE
SIGNATURE	DATE

OFFICIAL APPROVAL