



2011 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 the Youth Football Rules of Play 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																								
<table style="width: 100%; text-align: center;"> <tr> <td style="width: 10%;">70lb</td> <td>80lb</td> <td>90lb</td> <td>100lb</td> <td>110lb</td> <td>125lb</td> <td>140lb</td> <td>11u</td> <td>12u</td> <td>13u</td> <td>Varsity</td> <td>Fresh/Soph</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	70lb	80lb	90lb	100lb	110lb	125lb	140lb	11u	12u	13u	Varsity	Fresh/Soph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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	Last Name	First Name	Telephone Number	Jersey #	Date of Birth	School
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ROSTER SUBMITTED BY:

PRINTED FULL NAME	TITLE
SIGNATURE	DATE

OFFICIAL APPROVAL