



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 _____
 HT CLASS
 70lb
 80lb
 90lb
 100lb
 110lb
 125lb
 140lb
 11u
 12u
 13u
 Varsity
 Fresh/Soph

	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