



2017 YOUTH FOOTBALL TEAM ROSTER AND WEIGH-IN FORM

1 Harry S Truman Parkway
Annapolis, MD 21401
410.222.7865
www.aacounty.org/recparcs

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 OF BACKGROUND

WEIGHT CLASS

70lb

80lb

90lb

100lb

11U

12U

Varsity U

Fresh/Soph

	First Name	Last Name	Telephone Number	Jersey #	Date of Birth	1st WEIGH IN	2nd WEIGH IN	3rd WEIGH IN	T2T
1									
2									
3									
4									
5									
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25									

ROSTER SUBMITTED BY:

PRINTED FULL NAME

TITLE

SIGNATURE

DATE

OFFICE USE ONLY



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HEAD COACH'S SIGNATURE	CERTIFICATION NO.	DATE
WEIGHT CLASS	70lb	80lb
	90lb	100lb
	11u	12u
	Varsity U	Fresh/Soph

	First Name	Last Name	Telephone Number	Jersey #	Date of Birth	1st WEIGH IN	2nd WEIGH IN	3rd WEIGH IN	T2T
26									
27									
28									
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ROSTER SUBMITTED BY:

PRINTED FULL NAME	TITLE
SIGNATURE	DATE

OFFICE USE ONLY



YOUTH FOOTBALL ASSISTANT COACH LISTING

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

All on field assistants must have an up to date background check. Assistant's First and Last name must be legible and the date of background must be completed

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.

1	<u>ASSISTANT - FULL FIRST NAME</u>	<u>ASSISTANT - FULL MIDDLE NAME</u>	<u>ASSISTANT - FULL LAST NAME</u>
	<u>ASSISTANT SIGNATURE</u>	<u>DATE OF BACKGROUND</u>	<u>CERTIFICATION NO.</u>
2	<u>ASSISTANT - FULL FIRST NAME</u>	<u>ASSISTANT - FULL MIDDLE NAME</u>	<u>ASSISTANT - FULL LAST NAME</u>
	<u>ASSISTANT SIGNATURE</u>	<u>DATE OF BACKGROUND</u>	<u>CERTIFICATION NO.</u>
3	<u>ASSISTANT - FULL FIRST NAME</u>	<u>ASSISTANT - FULL MIDDLE NAME</u>	<u>ASSISTANT - FULL LAST NAME</u>
	<u>ASSISTANT SIGNATURE</u>	<u>DATE OF BACKGROUND</u>	<u>CERTIFICATION NO.</u>
4	<u>ASSISTANT - FULL FIRST NAME</u>	<u>ASSISTANT - FULL MIDDLE NAME</u>	<u>ASSISTANT - FULL LAST NAME</u>
	<u>ASSISTANT SIGNATURE</u>	<u>DATE OF BACKGROUND</u>	<u>CERTIFICATION NO.</u>
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	<u>ASSISTANT SIGNATURE</u>	<u>DATE OF BACKGROUND</u>	<u>CERTIFICATION NO.</u>
6	<u>ASSISTANT - FULL FIRST NAME</u>	<u>ASSISTANT - FULL MIDDLE NAME</u>	<u>ASSISTANT - FULL LAST NAME</u>
	<u>ASSISTANT SIGNATURE</u>	<u>DATE OF BACKGROUND</u>	<u>CERTIFICATION NO.</u>
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