

YOUTH TEAM ROSTER

PRINT CLEARLY
COMPLETE ALL INFORMATION
RETAIN COPY FOR YOUR RECORDS

TEAM INFORMATION

SPONSORING ORGANIZATION _____ TEAM NAME _____

SEASON / YEAR _____

SPORT _____

AGE GROUP _____

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 _____

PRIMARY PHONE NUMBER _____ OTHER PHONE NUMBER _____ 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.

HEAD COACH'S SIGNATURE DATE

OFFICIAL USE	
DATE	_____
STAFF	_____

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
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
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16					
17					
18					
19					
30					