



YOUTH TEAM ROSTER

PRINT CLEARLY
 COMPLETE ALL INFORMATION
 RETAIN COPY FOR YOUR RECORDS

SEASON / YEAR _____

SPORT _____

AGE GROUP _____

TEAM INFORMATION

SPONSORING ORGANIZATION _____

TEAM NAME _____

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 _____

DAYTIME TELEPHONE _____

EVENING TELEPHONE _____

CELL PHONE _____

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					
15					
16					
17					
18					
19					
20					