



2017 YOUTH FOOTBALL TEAM ROSTER AND WEIGH-IN FORM

PLEASE PRINT CLEARLY COMPLETE ALL REQUIRED INFORMATION

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

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 reasonability 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 7U 8U 9U 10U 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									
6									
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25									

ROSTER SUBMITTED BY:

_____ PRINTED FULL NAME

_____ TITLE

_____ SIGNATURE

_____ DATE

OFFICE USE ONLY



2018 YOUTH FOOTBALL TEAM ROSTER AND WEIGH-IN FORM

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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

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HEAD COACH'S SIGNATURE	CERTIFICATION NO.	DATE

WEIGHT CLASS	7U	8U	9U	10U	11U	12U	Varsity U	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"/>

	First Name	Last Name	Telephone Number	Jersey #	Date of Birth	1st WEIGH IN	2nd WEIGH IN	3rd WEIGH IN	T2T
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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	<p>ASSISTANT - FULL FIRST NAME</p> <p>ASSISTANT SIGNATURE</p>	<p>ASSISTANT - FULL MIDDLE NAME</p> <p>DATE OF BACKGROUND</p>	<p>ASSISTANT - FULL LAST NAME</p> <p>CERTIFICATION NO.</p>
2	<p>ASSISTANT - FULL FIRST NAME</p> <p>ASSISTANT SIGNATURE</p>	<p>ASSISTANT - FULL MIDDLE NAME</p> <p>DATE OF BACKGROUND</p>	<p>ASSISTANT - FULL LAST NAME</p> <p>CERTIFICATION NO.</p>
3	<p>ASSISTANT - FULL FIRST NAME</p> <p>ASSISTANT SIGNATURE</p>	<p>ASSISTANT - FULL MIDDLE NAME</p> <p>DATE OF BACKGROUND</p>	<p>ASSISTANT - FULL LAST NAME</p> <p>CERTIFICATION NO.</p>
4	<p>ASSISTANT - FULL FIRST NAME</p> <p>ASSISTANT SIGNATURE</p>	<p>ASSISTANT - FULL MIDDLE NAME</p> <p>DATE OF BACKGROUND</p>	<p>ASSISTANT - FULL LAST NAME</p> <p>CERTIFICATION NO.</p>
5	<p>ASSISTANT - FULL FIRST NAME</p> <p>ASSISTANT SIGNATURE</p>	<p>ASSISTANT - FULL MIDDLE NAME</p> <p>DATE OF BACKGROUND</p>	<p>ASSISTANT - FULL LAST NAME</p> <p>CERTIFICATION NO.</p>
6	<p>ASSISTANT - FULL FIRST NAME</p> <p>ASSISTANT SIGNATURE</p>	<p>ASSISTANT - FULL MIDDLE NAME</p> <p>DATE OF BACKGROUND</p>	<p>ASSISTANT - FULL LAST NAME</p> <p>CERTIFICATION NO.</p>
7	<p>ASSISTANT - FULL FIRST NAME</p> <p>ASSISTANT SIGNATURE</p>	<p>ASSISTANT - FULL MIDDLE NAME</p> <p>DATE OF BACKGROUND</p>	<p>ASSISTANT - FULL LAST NAME</p> <p>CERTIFICATION NO.</p>
8	<p>ASSISTANT - FULL FIRST NAME</p> <p>ASSISTANT SIGNATURE</p>	<p>ASSISTANT - FULL MIDDLE NAME</p> <p>DATE OF BACKGROUND</p>	<p>ASSISTANT - FULL LAST NAME</p> <p>CERTIFICATION NO.</p>
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