



# 2018 YOUTH FOOTBALL TEAM ROSTER AND WEIGH-IN FORM

1 Harry S Truman Parkway  
Annapolis, MD 21401  
410.222.7865  
[www.aacounty.org/recparks](http://www.aacounty.org/recparks)

**PLEASE PRINT CLEARLY COMPLETE ALL REQUIRED**

\_\_\_\_\_

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									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

**ROSTER SUBMITTED BY:**

\_\_\_\_\_

PRINTED FULL NAME

\_\_\_\_\_

TITLE

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

OFFICE USE ONLY



# 2018 YOUTH FOOTBALL TEAM ROSTER AND WEIGH-IN FORM

*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	

## CONTINUATION FROM PAGE 1

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
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									

**ROSTER SUBMITTED BY:**

PRINTED FULL NAME	TITLE
SIGNATURE	DATE

OFFICE USE ONLY



# 2018 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>
9	<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>
10	<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>