



TEAM ROSTER

TEAM NAME _____

AGE DIVISION _____

Coach/Manager _____

Address _____ City _____ Zip _____

Phone _____ Email Address: _____

Player Name	Date of Birth	Address	Zip	To be completed by tournament staff at time of check-in	
1.				<input type="checkbox"/> waiver	<input type="checkbox"/> birth certificate
2.				<input type="checkbox"/> waiver	<input type="checkbox"/> birth certificate
3.				<input type="checkbox"/> waiver	<input type="checkbox"/> birth certificate
4.				<input type="checkbox"/> waiver	<input type="checkbox"/> birth certificate
5.				<input type="checkbox"/> waiver	<input type="checkbox"/> birth certificate
6.				<input type="checkbox"/> waiver	<input type="checkbox"/> birth certificate
7.				<input type="checkbox"/> waiver	<input type="checkbox"/> birth certificate
8.				<input type="checkbox"/> waiver	<input type="checkbox"/> birth certificate
9.				<input type="checkbox"/> waiver	<input type="checkbox"/> birth certificate
10.				<input type="checkbox"/> waiver	<input type="checkbox"/> birth certificate
11.				<input type="checkbox"/> waiver	<input type="checkbox"/> birth certificate
12.				<input type="checkbox"/> waiver	<input type="checkbox"/> birth certificate
13.				<input type="checkbox"/> waiver	<input type="checkbox"/> birth certificate
14.				<input type="checkbox"/> waiver	<input type="checkbox"/> birth certificate
15.				<input type="checkbox"/> waiver	<input type="checkbox"/> birth certificate

Asst. Coach #1 _____ Asst. Coach #2 _____ Asst. Coach #3 _____

*** Coaches must have a copy of each players birth certificate and completed waiver form on the roster at registration!!!**

Tournament Staff Sign-Off: _____

Date: _____