

TEAM ROSTER

(Please print all information except signature)

TEAM NAME: _____ AGE LEVEL: _____ CITY/STATE _____

COACHES: _____ CELL PHONE NUMBER _____

HEAD: _____

ASST: _____

NAME	AGE	DOB	UNIFORM #	PLAYER'S SIGNATURE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The Team Roster, Medical Release Form, Liability Release Form and Proof of insurance need to be turned in prior to the start of the tournament. Copies of Birth Certificates should be available in case of a players age challenge. Entrance to the tournament could be denied if all paperwork is not in order.

Catchers as per NFHS rules must wear a one-piece hockey style mask