



ATHLETIC ROSTER - YOUTH

TEAM NAME: _____

ROSTER SUBMISSION DATE: _____

ROSTER APPROVAL STATUS: _____

ATHLETIC EMPLOYEE NAME: _____

ROSTER APPROVAL DATE: _____

Rev.8/01

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	PRINT EACH PLAYERS FULL NAME – AS IT APPEARS ON HIS/HER BIRTH CERTIFICATE FIRST, MIDDLE, LAST	STREET ADDRESS	ZIP CODE	PHONE NUMBER	DATE OF BIRTH	AGE	SCHOOL	Please Check Residency Status		
								CITY	COUNTY	OUT OF COUNTY
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MANAGER INFORMATION		TEAM CLASSIFICATION		AGE DIVISION		SPORT		NOTES
		Check One		Check One <input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS				
NAME		COMPETITIVE	<input type="checkbox"/>	<input type="checkbox"/>	6U	<input type="checkbox"/>	BASEBALL	
ADDRESS		RECREATION	<input type="checkbox"/>	<input type="checkbox"/>	8U	<input type="checkbox"/>	BASKETBALL	
CITY	ZIP	BYE REQUEST DATE List Only One Date	<input type="checkbox"/>	<input type="checkbox"/>	10U	<input type="checkbox"/>	FLAG FOOTBALL	
CELL #			<input type="checkbox"/>	<input type="checkbox"/>	12U	<input type="checkbox"/>	SOCCER	
E-MAIL			<input type="checkbox"/>	<input type="checkbox"/>	14U	<input type="checkbox"/>	SOFTBALL	
ASSISTANT MANAGER INFORMATION			<input type="checkbox"/>	<input type="checkbox"/>	16U	<input type="checkbox"/>	VOLLEYBALL	
NAME			<input type="checkbox"/>	<input type="checkbox"/>	18U	<input type="checkbox"/>	OTHER	
CELL #								
E-MAIL								