

TBAYS Team Certification Form

Team Name: _____ Age Group: _____ Boys/Girls Season: _____

Coach: _____ Phone: (_____) work # (_____)

Address: _____ City: _____ Zip: _____

Asst. Coach: _____ Phone: (_____) work # (_____)

Address: _____ City: _____ Zip: _____

Players

Rosters may have up to 11 players for U9-U10, 14 players for U11-U12, 18 players for U13-U16 and 22 players for U17-U19

	<u>Name</u>	<u>Birthdate</u>
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____
6)	_____	_____
7)	_____	_____
8)	_____	_____
9)	_____	_____
10)	_____	_____
11)	_____	_____
12)	_____	_____
13)	_____	_____
14)	_____	_____
15)	_____	_____
16)	_____	_____
17)	_____	_____
18)	_____	_____
19)	_____	_____
20)	_____	_____
21)	_____	_____
22)	_____	_____

I certify this information is correct, and that I have a valid medical release and birth certificate on file for each player.

Signed: _____

Date: _____

Printed Name: _____

Title: _____