



OFFICIAL TEAM ROSTER

FORM

Team Name: _____

Coach: _____

Contact # / email: _____ Grade: _____

#	Player Name	Age as of 8/31/18	Birthdate	Grade as of 01/01/18

As Coach/Team Representative, of the (Team Name) _____

I certify that the information within is correct to the best of my knowledge. I understand that should a protest arise concerning the Eligibility of any players participating on my team, that it will be necessary that proper documentation (i.e. Birth Certificate, Report Card) be made available verifying the player's eligibility in the age group in which that player is participating. It is understood that should one of my players be found ineligible, that the player will not be able to continue participating in the summer league/tournament. Our organization fully understands and acknowledges that Starr Athletics and/or any of its affiliates are NOT responsible for any injuries to any participants or patrons of this 2018 summer league/tournament series.

Print Name: _____ Signature: _____ Date: _____