

RECREATION TEAM ROSTER VERIFICATION

Organization Name:	Team Name:
Event:	Division:
Classification: 🗖 Affiliated 🛛 🗖 Non-Affiliated	
Affiliated Teams Only	
Governing Organization Name:	
Program cheers/dances for fro	om/ until/
Contact Information	
	Phone:
Name:	
Email:	

Coach Information

Coach Name (First and	d Last)	Coach Name (First and Last)		

Please initial below. Your initials below states that your organization agrees, understands and complies with all of the above guidelines.

_____ Organization/Team agrees to follow all event producer policies and procedures.

_____ All safety and level rules must be followed.

- _____ I verify that all of the athletes birthdates on the attached roster are correct and can provide proof if ages are questioned.
- All coaches and personnel have Green Light Background Check Status issued by the National Council of Safety Initiatives.

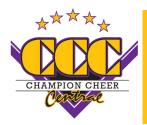
If you meet ALL of the requirements listed above, you must have your Recreation Organization President or seated authority sign below.

Print Name

Position

Date

Signature



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Athlete Roster Information

	Name (First & Last)	Gender	DOB		Name (First & Last)	Gender	DOB
1		F or M		19		F or M	
2		F or M		20		F or M	
3		F or M		21		F or M	
4		F or M		22		F or M	
5		F or M		23		F or M	
6		F or M		24		F or M	
7		F or M		25		F or M	
8		F or M		26		F or M	
9		F or M		27		F or M	
10		F or M		28		F or M	
11		F or M		29		F or M	
12		F or M		30		F or M	
13		F or M		31		F or M	
14		F or M		32		F or M	
15		F or M		33		F or M	
16		F or M		34		F or M	
17		F or M		35		F or M	
18		F or M		36		F or M	

Team must submit a roster with birthdates and be able to provide an athlete's birth certificate if questioned, prior to, during, or after a competition. All athletes must be born during the year, or partial year listed to be eligible for that division.

This form must be submitted prior to the event either as an email or by mail. Birth certificates can individually be attached to your registration if you find this easier.