

# TEAM ROSTER VERIFICATION

### 2023-2024

Organization Name:		Team Name:	
Event:		Division:	
Classification:	Non-Affiliated		
Affiliated Teams Only			
Governing Organization Name:			
Program cheers/dances for	from/_	/ until/	<i>J</i>
Contact Information			
Name:		Phone:	
Email:			
	(First and Last)		e (First and Last)
	ees to follow all event producer po	olicies and procedures.	
All safety and level rule	s must be followed.		
I verify that all of the at	hletes birthdates on the attached	roster are correct and can prov	ide proof if ages are questioned.
All coaches and personi	nel have Green Light Background (	Check Status issued by the Natio	onal Council of Safety Initiatives.
If you meet ALL of the requirem below.	nents listed above, you must have	your Recreation Organization P	resident or seated authority sign
Print Name		Position	
Cignoture			



## TEAM ROSTER VERIFICATION

#### 2023-2024

Team Name:	 			
Division:	 			
Level:				

#### **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.