

2017 Winter League TEAM ROSTER



TEAM NAME: _____ Team Contact: _____

#	Players Name		Date Of Birth	Player's Card
	Last Name	First Name		
1			___/___/___	Yes <input type="checkbox"/> No <input type="checkbox"/>
2			___/___/___	Yes <input type="checkbox"/> No <input type="checkbox"/>
3			___/___/___	Yes <input type="checkbox"/> No <input type="checkbox"/>
4			___/___/___	Yes <input type="checkbox"/> No <input type="checkbox"/>
5			___/___/___	Yes <input type="checkbox"/> No <input type="checkbox"/>
6			___/___/___	Yes <input type="checkbox"/> No <input type="checkbox"/>
7			___/___/___	Yes <input type="checkbox"/> No <input type="checkbox"/>
8			___/___/___	Yes <input type="checkbox"/> No <input type="checkbox"/>
9			___/___/___	Yes <input type="checkbox"/> No <input type="checkbox"/>
10			___/___/___	Yes <input type="checkbox"/> No <input type="checkbox"/>

** All players' must be registered and have SCYSA player card to play. **

** All players' Parent/Guardian must sign the ATHLETIC WAIVER & RELEASE OF LIABILITY form. **