



# Team Roster And Waiver Form

Team Name: \_\_\_\_\_ Colors: \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Team Contact: \_\_\_\_\_

Event / Program: Travel League Date: \_\_\_\_\_

Please Print Legibly

	Last Name	First Name	Player #	Street Address	Zip	DOB	Phone #	Email			
1											
2											
3											
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16											
17											
18											
<b>coaches read below and sign form</b>										<b>Cell Phone</b>	
coach	Signature: _____										
coach	Signature: _____										
coach	Signature: _____										
coach	Signature: _____										

NYA Use only  
 Birth Certificate  
 Player pass  
 Signed Waiver