



## YOUTH SOCCER LEAGUE ROSTER FORM

**TEAM ROSTER FORM MUST BE PROPERLY COMPLETED AND SUBMITTED PRIOR TO THE START OF EACH SEASON  
TEAM FEES MUST BE PAID IN FULL PRIOR TO THE TEAM'S SECOND GAME**

**(Individual waiver forms for both players and coaches must be attached to this roster form.)**

**TEAM NAME:**

**JERSEY COLOR:**

**GENDER:**

**AGE GROUP:**

**HEAD COACH:**

Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address (Street)(City)(State)(Zip): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(1) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(2) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(3) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(4) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(5) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(6) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(7) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(8) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(9) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(10) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(11) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(12) Printed Name (First)(Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_