# Team Check-In List

Roster Not Frozen

**Team ID:** **Application ID:**

| Team | Colors: | Player List | Age | Gender |
|---|---|---|---|---|
| Permission to Travel [ ] | Approved Roster [ ] | | | |

| Role | Name (Last, First) | Gender | Address | City | Zip | H.Phone | C.Phone | DOB | Email Address |
|---|---|---|---|---|---|---|---|---|---|
| Coach | | | | | | | | | |
| Asst. | | | | | | | | | |
| Asst. (2) | | | | | | | | | |
| Mgr | | | | | | | | | |

| Name (Last, First) | DOB | Jer# | Position | ID Number | City | Zip | Phone | Waiver | On Roster | Guest |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**I certify that all players listed are in good standing and are not under suspension unless noted.**
I am in possession of Medical Waivers for all athletes attending.

**Signature:**_____ **Date:**_____