



CITY OF NEWPORT NEWS ATHLETICS

ADULT SPORTS TEAM ROSTER

Team Name:		Uniform Color:	
League:		Sport:	
Head Coach:			
Phone:		Email Address:	
Assistant Coach:			
Phone:		Email Address:	

Name	Date Added	Newport News Resident?		Waiver Form Completion Date	Coach Initials	Staff Initials
1.		Yes	No			
2.		Yes	No			
3.		Yes	No			
4.		Yes	No			
5.		Yes	No			
6.		Yes	No			
7.		Yes	No			
8.		Yes	No			
9.		Yes	No			
10.		Yes	No			
11.		Yes	No			
12.		Yes	No			
13.		Yes	No			
14.		Yes	No			
15.		Yes	No			

By the signature below, I certify the following:

- 1) The information provided by the members of our team is accurate to the best of my knowledge;
- 2) I will communicate information, schedules, policies, rules, and regulations to the member of my team;
- 3) I will only play eligible players that are listed on my roster;
- 4) I understand that the failure of my team to abide by the rules and regulations may result in suspension of our team from the program.

Head Coach Signature: _____

Date: _____

OVER

Team Name: _____

Name	Date Added	Newport News Resident?	Waiver Form Completion Date	Coach Initials	Staff Initials
16.		Yes No			
17.		Yes No			
18.		Yes No			
19.		Yes No			
20.		Yes No			
21.		Yes No			
22.		Yes No			
23.		Yes No			
24.		Yes No			
25.		Yes No			

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Head Coach Signature: _____

Date: _____