



Year: 20_____

Official Tournament Roster

League: Teeny Junior Senior "AA" "A"

District: _____ Dist Team #: _____ Team Name: _____

Affiliated "AA" or "A" team: _____

(Filled in by district commissioner)

State Team #: _____ Park: _____

	Name	Age	Birthdate	Parent / Guardian Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Signature of parent / legal guardian and coach relieves the district and state tournament officials and hosting park of any liability for any accident or injury that may occur in connection with the district or state tournament. Signature of parent / legal guardian and park director certifies that all player information is correct. Failure to sign this roster forfeits the player's right to participate in any AABA tournaments.

As Coach of this team, I have read the rules and by-laws of the AABA and will abide by them.

Coach: _____

Phone _____

Coach: _____

Phone _____

Coach: _____

Phone _____

This roster must be submitted to the district commissioner no later than five days prior to the start of district tournament play

Certified by Park Director _____

Date _____

Certified by District Commissioner _____

Date _____