



Year: 20____

Official Tournament Roster

League: Prep League Teeny Junior Senior "A" "AA"

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

Affiliated "A" or "AA" 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 accidents 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 a coach of this team, I have read the rules and by-laws of the AABA and will abide by them.

Coach: _____ Ph: _____

Coach: _____ Ph: _____

Coach: _____ Ph: _____

This roster must be submitted to the District Commissioner no later than 5 days prior to the start of District

Certified by Park Director _____ Date _____

Certified by District Commissioner _____ Date _____