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| AAYSA Logo2.jpgArundel Cup 2019 – Roster |

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| CLUB NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| TEAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | AGE GROUP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| GENDER: (Circle) | BOYS or GIRLS |

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| **#** | **Jersey Number** | **Last Name** | **First Name** | **Birthdate** | **Parents Permission Signature** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
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| **10** |  |  |  |  |  |
| **11** |  |  |  |  |  |
| **12** |  |  |  |  |  |
| **13** |  |  |  |  |  |
| **14** |  |  |  |  |  |
| **15** |  |  |  |  |  |
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| **17** |  |  |  |  |  |
| **18** |  |  |  |  |  |

**PARENTS PERMISSION:** I give my permission for my child to play with the above team and hereby waive any and all claims against the Anne Arundel Department of Recreation & Parks, its employees or other persons affiliated with AAYSA, from injuries sustained as a participant or while traveling to/from a game.

**Points of Contact (Team Officials):**

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| --- | --- | --- | --- |
| **POC Information** | **Head Coach** | **Assistant Coach** | **Manager** |
| **Full Name** |  |  |  |
| **Email Address** |  |  |  |
| **Cell Phone** |  |  |  |

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| **Head Coach Signature:** |
| The signature above attests that the information on the roster is complete and correct, and that all players are of appropriate age for the participating team, as defined solely by US Soccer 2019-2020 age charts. Eligible players are U8 to U19. Players under U8 may not play up. |