

## OFFICIAL TEAM ROSTER FORM

Team Name: \_\_\_\_\_ Coach: \_\_\_\_\_

mail:	Grade:		
	Age as of		Grade as of 10/01/23
	mail:Player Name		Age as of

As Coach/Team Representative, of the (Team Name) \_\_\_\_

I certify that the information within is correct to the best of my knowledge. I understand that should a protest arise concerning the Eligibility of any players participating on my team, that it will be necessary that proper documentation (i.e. Birth Certificate, Report Card) be made available verifying the player's eligibility in the age group in which that player is participating. It is understood that should one of my players be found ineligible, that player will not be able to continue participating in the fall league/summer league/sponsored tournaments. Our organization fully understands and acknowledges that Silverbackz Athletics and/or any of its affiliates or facilities used for events, are NOT responsible for any injuries to any participants or patrons of the 2024 leagues or tournament series.