**Team Name:** 

				Division:		Season:
1	Player Name:	DOB:	Current Age:	Fully Vaccinated:	Yes	No Date of Final Dose:
	Parent Name: E-mail:	_			_	Sports Staff Use Only  Verified: Yes No  Date: Staff Initials:
2	Player Name:	DOB:	Current Age:	Fully Vaccinated:	Yes	No Date of Final Dose:
	Parent Name: E-mail:				<u> </u>	Sports Staff Use Only Verified: Yes No Date: Staff Initials:
3	Player Name:	DOB:	Current Age:	Fully Vaccinated:	Yes	No Date of Final Dose:
	Parent Name:       E-mail:					Sports Staff Use Only  Verified: Yes No  Date: Staff Initials:
4	Player Name:	DOB:	Current Age:	Fully Vaccinated:	Yes	No Date of Final Dose:
	Parent Name: E-mail:					Sports Staff Use Only Verified: Yes No Date: Staff Initials:
5	Player Name:	DOB:	Current Age:	Fully Vaccinated:	Yes	No Date of Final Dose:
	Parent Name:	Parent Signa	ture:			Sports Staff Use Only Verified: Yes No
	Phone #: E-mail:					



Staff Initials:

Date:

**Team Name:** 

**Division:** 

6	Player Name:	DOB:	Current Age:	Fully Vaccinated:	Yes	No Date of Final Dose:
	Parent Name:	Parent Signa	ature:			Sports Staff Use Only
	Phone #: E-mail:					Verified: Yes No
						Date: Staff Initials:
7	Player Name:	DOB:	Current Age:	Fully Vaccinated:	Yes	No Date of Final Dose:
	Parent Name:	Parent Signa	ature:			Sports Staff Use Only
	Phone #: E-mail:					Verified: Yes No
						Date: Staff Initials:
8	Player Name:	DOB:	Current Age:	Fully Vaccinated:	Yes	No Date of Final Dose:
	Parent Name:	Parent Signa	ature:			Sports Staff Use Only
	Phone #: E-mail:					Verified: Yes No
						Date: Staff Initials:
9	Player Name:	DOB:	Current Age:	Fully Vaccinated:	Yes	No Date of Final Dose:
	Parent Name:	Parent Signa	ature:			Sports Staff Use Only
	Phone #: E-mail:					Verified: Yes No
						Date: Staff Initials:
10	Player Name:	DOB:	Current Age:	Fully Vaccinated:	Yes	No Date of Final Dose:
	Parent Name:	Parent Signa	ature:			Sports Staff Use Only
	Phone #: E-mail:					Verified: Yes No
						Date: Staff Initials:

Coach:



Season:

**Team Name:** 

					Division:		Season:
11	Player Name:		DOB:	Current Age:	Fully Vaccinated:	Yes	No Date of Final Dose:
	Parent Name:		Parent Signature:	:		_	Sports Staff Use Only
	Phone #: E-ma	ail:					Verified: Yes No
							Date: Staff Initials:
12	Player Name:		OOB:	Current Age:	Fully Vaccinated:	Yes	No Date of Final Dose:
	Parent Name:		Parent Signature:	:			Sports Staff Use Only
	Phone #: E-m	ail:					Verified: Yes No
							Date: Staff Initials:
13	Player Name:		DOB:	Current Age:	Fully Vaccinated:	Yes	No Date of Final Dose:
	Parent Name:		Parent Signature:			_	Sports Staff Use Only
	Phone #: E-m	ail:				_	Verified: Yes No
							Date: Staff Initials:
14	Player Name:		OOB:	Current Age:	Fully Vaccinated:	Yes	No Date of Final Dose:
	Parent Name:		Parent Signature:			_	Sports Staff Use Only
	Phone #: E-ma	ail:					Verified: Yes No
		<u> </u>					Date: Staff Initials:
15	Player Name:		DOB:	Current Age:	Fully Vaccinated:	Yes	No Date of Final Dose:
	Parent Name:		Parent Signature:				Sports Staff Use Only
	Phone #: E-ma	ail:					Verified: Yes No
	E 111	~····				_	Dato: Staff Initials:

Coach



**Team Name:** 

**Division:** Season: Player Name: \_\_\_\_\_ DOB: Current Age: Fully Vaccinated: Yes No Date of Final Dose: Parent Name: Parent Signature: \_\_\_\_\_ Sports Staff Use Only Verified: Yes No Phone #: \_\_\_\_\_ E-mail: \_\_\_\_ Date: Staff Initials: \_\_ Player Name: \_\_\_\_\_ DOB: Current Age: Fully Vaccinated: Yes No Date of Final Dose: Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Sports Staff Use Only Verified: Yes No Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_ Staff Initials: Date: Player Name: \_\_\_\_\_ DOB: Current Age: Fully Vaccinated: Yes No Date of Final Dose: Parent Name: \_\_\_\_\_\_ Parent Signature: \_\_\_\_\_ Sports Staff Use Only Verified: Yes No Phone #: \_\_\_\_\_ E-mail: \_\_\_\_ Date: Staff Initials: Player Name: \_\_\_\_\_ DOB: Current Age: Fully Vaccinated: Yes Date of Final Dose: No Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Sports Staff Use Only Verified: Yes No Phone #: E-mail: Date: Staff Initials: Player Name: \_\_\_\_\_ DOB: Current Age: Fully Vaccinated: Yes Date of Final Dose: No Parent Name: \_\_\_\_\_\_ Parent Signature: \_\_\_\_\_ Sports Staff Use Only Verified: Yes No Phone #: \_\_\_\_\_ E-mail: \_\_\_\_



Staff Initials: \_

Date: