

WAYSAs Youth Soccer/League Team Roster Form

Type in Alphabetical Order

Affiliated with MYSAs

Town/Club:	Date:	Field:
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Team Name:	Age:	Girls:	Boys:	Shirt Color:
League: WAYSAs			Div:	

Coach:	Phone:
Address:	City/State/Zip:
Ass't Coach:	Phone
Address	City/State/Zip

	Shirt#	Last Name	First Name	Birth Date (optional)	Town (optional)	Phone (optional)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Coach Certification	Club/Town Certification (optional)
I Certify that I will comply with WAYSAs Youth Soccer and Leagues bylaws, playing rules, & WAYSAs Coach's Code of Conduct, and know the penalties for non-compliance. Coach's Signature _____	All players and all coaches/managers meet all WAYSAs Youth Soccer & League requirements for affiliation and playing age, and the town/club is properly affiliated with WAYSAs. Signature: _____

Referee:	Sched. Date:	Actual Date:
Opposing Team:	Winner:	Score: