



TEAM ROSTER

School: _____

ILL Division: _____

JERSEY #	PLAYER NAME	CHECK #	REGISTRATION	MEDICAL	LIABILITY WAIVER	CONDUCT WAIVER
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Coaches Information

COACH: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

ASSISTANT COACH: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

NOTES:

* Please complete the roster form and submit with player registration packets

* Jerseys will be numbered 1 through 20