



\_\_\_\_\_ TEAM NAME

\_\_\_\_\_ AGE

\_\_\_\_\_ MANAGER NAME

	PRINT PLAYER'S NAME	STREET ADDRESS	CI TY	STATE	ZIP	D.O.B.	PARENT/GUARDIAN NAME	PARENT/GUARDIAN SIGNATURE
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Manager must be able to supply a copy of a player's birth certificate at any time if requested.

**TEAM MANAGER CERTIFICATION STATEMENT**

I am the manager of the above team and certify that all of the information is true and correct to the best of my knowledge. All parents/guardians signed this roster in their own hand.  
All players are eligible to compete, and we agree to abide by all rules and bylaws of USSSA.

TEAM MANAGER SIGNATURE \_\_\_\_\_

CELL # \_\_\_\_\_