

SPORTING CHANCE CENTER OFFICIAL TOURNAMENT ROSTER FORM

TEAM NAME: _____ DIVISION ENTERED: _____

*If you have a pre-printed roster completed with the names and birthdates of all players, you may **attach it to this form** and do not have to re-enter the info below - **You must read the Waiver and Release and sign below.***

Know the Age Rules! Do Not Use a Player who is Too Old! Sign Up in the Correct Division!

9u	10u	11u	12u	13u	14u		
Player's birthdate CANNOT be before the corresponding date below:							
9/1/2008	9/1/2007	9/1/2006	9/1/2005	9/1/2004	9/1/2003		

	PLAYER NAME	BIRTHDATE	SHIRT SIZE (adult)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
	COACHES/RESPONSIBLE PARTIES <small>(2 coaches passes per team; named coaches only)</small>	Position	Cell Phone #
1		Head coach	
2		Assistant Coach	

ONLY PLAYERS ON ROSTER MAY PLAY. COACH CERTIFIES THAT ALL PLAYERS MEET AGE/GRADE GUIDELINES FOR THE DIVISION ENTERED. **USE OF INELIGIBLE PLAYER WILL RESULT IN FORFEITURE AND OTHER PENALTIES (SEE RULES).** PROOF OF ELGIBILITY MUST BE PRESENTED UPON REQUEST.

- If more than 12 players, attach additional sheet and include required information. Cannot guarantee individual awards or tournament T-shirts to more than 12 players per team.

Rosters are final upon beginning of first game. The undersigned, the coach or other adult representative of the above team (1) certifies that he/she has read the above and all information provided is true; (2) certifies that he/she has reviewed the Age Guidelines and has confirmed that all players on the roster meet said guidelines for the division entered; (3) acknowledges that he/she has informed all players and parents that the game of basketball involves inherent risks of injury; (4) on behalf of all players, coaches and parents waives and releases from liability Sporting Chance Youth Basketball, Inc., Southern Arizona Community Sports, Inc., Pima County, and their respective officers, directors, advisors, employees, as well as owners of the facilities in which competition takes place, and any coaches, volunteers, representatives or other persons acting in conjunction with such parties, from any liability whatsoever in the event of injury to player or other person for any reason.

Signature below also confirms the undersigned has read, agrees to abide by, and shall admonish his/her players, coaches and parents to abide by, the Sporting Chance Center CODE OF CONDUCT.

Signed: _____ Print Name: _____ Date: _____

**EL FORMULARIO OFICIAL PARA LA NÓMINA DEL TORNEO DE SPORTING CHANCE
SPORTING CHANCE OFFICIAL TOURNAMENT ROSTER FORM**

NOMBRE DE EQUIPO: _____

DIVISION REGISTRADA: _____

*Si usted ya tiene una copia de la nómina completa con los nombres y fechas de nacimiento de todos los jugadores, la puede **agregar a este formulario** y no tendrá que volver a entrar la información debajo - Deben leer el documento Renuncia y Liberación y firmar debajo.*

¡Sepan Las Directrices Sobre Las Edades! ¡No Usen A Un Jugador Que Es Mayor De La Edad Permitida! ¡Regístrense En La División Correcta!							
9u	10u	11u	12u	13u	14u		
El jugador debe haber nacido el día o después de la fecha correspondiente debajo:							
9/1/2008	9/1/2007	9/1/2006	9/1/2005	9/1/2004	9/1/2003		

	NOMBRE DE JUGADOR	FECHA DE NACIMIENTO
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

SOLO JUGADORES EN LA NOMINA PUEDEN JUGAR. EL ENTRENADOR CERTIFICA QUE TODOS LOS JUGADORES SATISFACEN LAS DIRECTRICES DE EDAD PARA SUS DIVISIONES REGISTRADAS. USO DE UN JUGADOR INELEGIBLE RESULTARA EN UNA PERDIDA Y OTRAS CONSECUENCIAS (VEA REGLAS). PRUEBAS DE ELEGIBILIDAD DEBEN SER PRESENTADAS SI SE PIDE.

	ENTRENADOR/GRUPOS RESPONSABLES (máximo 2 pases para los entrenadores; entrenadores nombrados solamente)	Posición	# De Teléfono Móvil
1		Entrenador	
2		Asistente del Entrenador	

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