



Team Roster

NAME OF TEAM: _____

Level of play (check each appropriate box):

<input type="checkbox"/> Girls	OR	<input type="checkbox"/> Boys
<input type="checkbox"/> Premier (Check if greater than 75% of players play for a premier team/club)		
Age Division: <input type="checkbox"/> '17 <input type="checkbox"/> '16 <input type="checkbox"/> '15 <input type="checkbox"/> '14 <input type="checkbox"/> '13 <input type="checkbox"/> '12 <input type="checkbox"/> '11		

Roster information: **6 Players Maximum – 1 Team per Player (only 1 check per each team registration)**

<input type="checkbox"/> Plays Premier	Name	Birth date	Street	City, ST, Zip
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Certification: Signing below certifies to the best of your knowledge players are registered with CJSA (through your local club) and that all players are age appropriate for the Age Division you are entering.

Signed Name - Contact: _____ Date: _____

Print Name - Contact: _____ Date: _____