



# VALLEY JCC - THE JERRY WAYNE LEAGUE YOUTH BASKETBALL TEAM ROSTER

Name of Team: \_\_\_\_\_ Season: \_\_\_\_\_ Age: 6U 8U 10U 12U 14U 16U

UNIFORM #	NAME OF PLAYER	BIRTHDATE	GRADE

I, the team coach, am bringing my own team into the league and declare that the birthdates and grades on this roster are correct. I hereby certify that the members of the team named above meet the age requirements stipulated by VJCC. I understand that all coaches must sign the volunteer waiver, code of conduct, concussion management plan and the abuse prevention plan. I further understand that all players, prior to participation in VJCC The Wayne League Youth Basketball Program must have a parent signed waiver and a signed parents code of conduct on file with VJCC.

Coach Name (Print): \_\_\_\_\_ Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coach Cell Phone: \_\_\_\_\_ Coach Email: \_\_\_\_\_

Coach Home Address: \_\_\_\_\_