

TEAM ROSTER

WARD	STAKE
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❖ Each participant whose signature appears on this team roster certifies the following:

- I live within the boundaries of this ward.
- I will abide by the rules and exhibit good sportsmanship.
- I am aware of the eligibility and age requirements for this team as outlined in the Utah Area Sports Manual.
- I understand that my insurance is primary, and the Church insurance is secondary. (Forms can be obtained from "the Bishop".)
- As a parent or guardian I give my permission for my child to be medically treated in case of emergency and family can not be reached.

Participant (Please Print) <small>(Last name, first name, middle initial)</small>	Address	Member or Non-member	Date of Birth	Signature of participant
			Phone number	Signature of Parent or Guardian

Required of each person participating in the youth programs.

❖ If these conditions are not met, a completed rule waiver request must be attached.

Eligibility Declaration and Team Roster

To be completed and submitted to the stake sports director prior to stake play.

THE CHURCH OF
JESUS CHRIST
OF LATTER-DAY SAINTS

Ward	Stake
Region	

Name of Coach (Please Print) _____ Phone _____

Signature of Coach _____ Date _____

<input type="checkbox"/> Decons	<input type="checkbox"/> Teachers	<input type="checkbox"/> Priests	<input type="checkbox"/> Seniors	<input type="checkbox"/> Veterans
<input type="checkbox"/> Beehives	<input type="checkbox"/> Mia-maids	<input type="checkbox"/> Laurals	<input type="checkbox"/> Women	<input type="checkbox"/> Singles
<input type="checkbox"/> Basketball	<input type="checkbox"/> Softball	<input type="checkbox"/> Futsal	<input type="checkbox"/> Volleyball	<input type="checkbox"/>

Stake Participation (To be signed prior to first stake game)

I hereby certify that the persons listed on this team roster are eligible and authorized to represent this ward.

Name of Bishop (Please Print) _____ Phone _____

Signature of Bishop _____ Date _____

*Signature of Member of Stake Presidency _____ Date _____

*Required when team members reside outside the Ward boundaries.
Must be accompanied by *an approved* Rule Waiver Request Form.

Region Participation (To be signed after completion of Stake play)

We hereby certify that the persons listed on this team roster are eligible and authorized to participate in the Region tournament.

Signature of Bishop _____ Date _____

Signature of Stake Sports Director _____ Date _____

Team Placement:

1st	2nd	3rd	
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