2018
Sunrise Optimist Softball Team Roster

Team Name:_____ **Age Division:____**

Head Coach:_____ Address:_____

Home Phone:_____Cell Phone:_____e-mail:_____

Player Name	**Parent/Guardian Name**	**2017 Team**	**School Attending**
Assistant Coaches	**xxxx**	**xxxxxxxxxx**	**Xxxxxxxxxx**
	N/A	**N/A**	**N/A**
	N/A	**N/A**	**N/A**
	N/A	**N/A**	**N/A**

I, _____, Head Coach of _____ hereby certify that the above roster and information is correct to the best of my knowledge. I further attest that the given age is correct for each player. I understand that if an ineligible player plays in any game that game is subject to forfeit and the player and coach subject to suspension for League and ASA play.

_____ Date:_____

(Head Coach's Signature)